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ORIGINAL COMMUNICATIONS.

*THE THERAPEUTIC APPLICATION OF SALOPHEN.**

BY JOSEF. FRÖLICH, M.D.

I SELECTED as the subject for my first experiments eleven cases of acute and six cases of chronic articular rheumatism, choosing chiefly those which were characterized by high fever, severe involvement of numerous joints, and especially by extensive intra articular effusions, or those which were attended with cardiac complications. In the chronic cases I paid especial attention to those which previously had been treated with other preparations of salicylic acid, in order to compare the efficacy of the latter with that of salophen. In acute as well as in chronic rheumatic affections, I commenced usually with a daily dose of 6 grammes (℥iss), which was increased to 7 grammes (108 grains) in a few instances, and after subsidence of the acute symptoms reduced the dose to 4 grammes (℥j) pro die, which was generally continued until a recurrence was no longer to be feared.

In a second series of experiments, comprising seven cases, I tested the antipyretic effect of salophen, and employed it for this purpose in various febrile conditions, especially in phthisis attended with fever, measles, erysipelas, and intestinal affections of a febrile character. I began with a dose of 3 grammes (45 grains), which was increased to 6 grammes (℥iss) per day,—*i.e.*, by addition of 1 gramme daily to the dose,—the remedy being administered every two hours, or the entire daily dose being given in the course of three or four hours, in order that the effect of salophen might be determined during the rest of the day.

A third series of experiments was undertaken with the view of investigating the disinfectant and antiseptic properties of this new salicylic-acid preparation. The facts that salophen in alkaline solution gives off an abundance of salicylic acid, and that the latter can be detected readily and in large quantity by means of the iron chloride reaction, in the urine of all patients to whom salophen had been administered, induced me to employ the new remedy in three cases of cystitis (*i.e.*, cystopyelitis), partly internally and partly in solutions for irrigating the bladder. For the latter purpose I prepared a solution of 1 gramme of salophen to 1 gramme of alcohol, which was diluted with about 500 cubic centimetres of water; I injected this after the bladder had been washed out with water. Finally, I employed salophen as a dusting powder, in a few cases of profusely-secreting wounds or ulcers.

The first experiments, as already mentioned, comprised cases of acute and chronic articular rheumatism, the histories of which I will now proceed to give in brief:—

I.—Sch. A., a vigorous and well-nourished servant-girl, aged 18, had suffered since March 16th, from pains in both knees, so that she was scarcely able to walk or stand.

On admission, March 18th, she had a temperature of 37.8° C. (100° F.); both knees were swollen, the capsules of the joints puffy, balottement of the patella on left side; active and passive movements of the knee-joints or movements of the patella extremely painful.

* From the Fourth Medical Division of the Royal Imperial General Hospital, Vienna. Translated from the Wiener Medizische Wochenschrift, Nos, 25, 26, 27, 28, 1892.

Treatment: Hot, moist poultices; salophen, 4 grammes.

March 19th.—Temperature normal; pain less severe.

March 21st.—Pains only present in left knee; swelling and balottement have subsided.

March 22d—Complete disappearance of pains; salophen, 3 grammes, continued until March 29th. Cure. Duration of treatment five days.

II.—Z. M., weak and ill nourished servant-maid, aged 27; was attacked March 25th by fever and violent pains in the joints.

When admitted, March 26th, there were present, aside from insufficiency of the mitral valve, tenderness and slight swelling of right knee, left elbow joint, and left shoulder joint; pain and marked swelling with effusion into the right elbow joint, which was markedly distended and gave distinct fluctuation, the skin over it being red and hot. Temperature, 37 7° to 38° C. Poultices; salophen, 6 grammes.

March 30th—Fever gone; pains reduced.

April 6th—Pain and effusion only present in right elbow joint; salophen, 7 grammes, administered, which was well borne, considerable free salicylic acid being detected in urine.

April 15th—Under the use of salophen, 7 grammes, and hot arm baths the exudation in right elbow joint has been partially absorbed Pains have completely disappeared.

April 20th.—Salophen discontinued. The still existing exudation and ankylosis treated by sorbefacients and massage.

May 7th.—Patient discharged improved; movements in right joint impaired.

III.—S. V., servant maid, moderately well nourished and strong, aged 22, was attacked, April 20th, by fever and pains in both knees.

On admission, April 25th, she was found markedly anæmic; temperature, 37.4° C; both knee joints, especially the right, immensely swollen, the skin over them red and hot, and motion extremely painful; tenderness in the ankle and elbow- joints, which were swollen. Salophen, 6 grammes.

April 26th—Temperature, 38.2° to 38 6° C. (100 7° to 101 4° F.); pain and swelling of the knees and ankles increasing.

During the period from April 29th to May 1st, salophen discontinued on account of acute gastric catarrh; the fever has disappeared; the pains and swelling persist.

May 2d.—Salophen, 6 grammes; condition unchanged. On May 5th, pains in ankle again increase. Salophen, 7 grammes.

May 7th.—Pain in both knees gone; in left ankle joint slight tenderness on passive motion.

May 9th.—Discharged cured; duration of treatment fourteen days.

IV.—S. E., a vigorous young man, aged 20, was seized, April 27th, with pains in both hip- and ankle joints.

On admission, April 30th, both wrist- and knee- joints were swollen, reddened, fluctuating (balottement), extremely painful on motion; the finger- and ankle- joints and joint of the great toe very sensitive, although not swollen; commencing endocarditis. Temperature, 38.8° to 39° C. Salophen, 6 grammes.

May 1st.—Temperature, 38° to 39° C. (101 8° to 102 2° F.); urine free from albumen, but containing abundant free salicylic acid.

May 2d.—Patient has no fever; pains less severe.

May 3d.—No fever; all joints free from pain, even on forced active and passive motion; swelling reduced. At apex of heart a slight systolic murmur still audible.

May 7th—Patient goes about without difficulty, and is discharged cured. Duration of treatment eight days.

V.—P. J., sturdy laborer, complains since April 8th of pains in almost all the large joints.

On admission, April 27th, both knee-, hip-, and shoulder- joints and the right wrist-joint were reddened and swollen; all movements painful. Temperature, 38.2° C. Salophen, 6 grammes.

April 29th, May 1st.—Increase of temperature in the afternoon to 37 8° C. Pains in knee slighter; other joints unchanged.

May 1st.—Apyrexia.

May 3d—Pains confined to shoulders. Salophen, 7 grammes.

May 4th—Pains in shoulders slighter; swelling of knee has disappeared; systolic murmur at apex of heart; urine normal, containing an abundance of free salicylic acid.

May 6th.—Patient completely free from pain and is discharged cured. Duration of treatment nine days. Although after administration for two days of 4 grammes of salycilic acid pro die, he experienced no disturbances of any kind from administration of 7 grammes of salophen for six days.

VI.—K. St., a pale, moderately strong girl, aged 18, had suffered five weeks before from an acute arthritis, and complained since four days of violent pains in both ankle-joints.

April 28th.—Over the malleoli of both ankle-joints, redness and swelling; the joints very tender on movements; insufficiency of the mitral valve. Temperature, 37° C. Salophen, 6 grammes.

May 1st.—Continued apyrexia; acute phenomena have disappeared; slight tenderness in both ankle-joints on passive motion.

May 3d.—Patient goes about with difficulty, and is discharged cured May 9th. Duration of treatment eleven days.

VII.—Sch. H., moderately strong workman, aged 24, had suffered since May 3d from articular rheumatism, complicated with pericarditis. This had already disappeared when, on May 9th, he suffered a recurrence, with swelling and tenderness of the right ankle-joint, so that he experienced violent pains even when resting. Salophen, 5 grammes.

May 10th.—Temperature, 36.8° to 37.6° C. Salophen, 6 grammes.

May 11th.—The affected joint free from pain even on forced movements.

May 12th.—Discharged cured. Duration of treatment four days.

VIII.—K. S., moderately strong, well-nourished servant maid, aged 26, who had always enjoyed good health, was attacked on May 2d with pains in both knees. During the following days the other joints of the upper and lower extremities were gradually attacked, excepting the joints of the fingers and toes, so that patient was compelled to give up work. At times febrile attacks of short duration occurred.

On admission, May 10th, all the above-named joints are sensitive to pressure and extremely painful when active and passive motions are made. No swelling present at any place. Temperature, 37° C. Salophen 5 grammes.

May 11th.—Fever absent; pains in joints less severe. Salophen 6 grammes.

May 13th.—Slight tenderness in the knee- and ankle joints; the other joints unaffected.

May 15th.—Slight tenderness in ankle-joints. Patient walks about without any trouble. Discharged cured. Duration of treatment six days.

IX.—B. A., a strong, well-nourished coachman, aged 32, of good previous health, was seized, March 15th, with violent pains and swelling of both knee- and ankle- joints. During the following days all the other joints of the lower, then the upper, extremity, finally those of the spine, became painful and swollen, so that patient was unable to execute the slightest movement.

On admission, March 20th, the robust man presented a lamentable picture. He lay stiff in bed, with anxious countenance, and cried out loudly when one of the swollen joints was slightly touched. All the joints of the upper and lower extremity were swollen, the skin over them hot and red; all active or passive motion attended with violent pain. The area of cardiac dullness somewhat enlarged, the systolic sound dull over all the ostia. The second pulmonary sound accentuated. Temperature, 38° to 39.5° C. (100.4° to 103.7° F.). Salophen, 4 grammes.

March 21st.—Status id. Temperature, 38.1° to 38 5° C. Salophen, 5 grammes.

March 22d.—Pains in the lower extremities less severe. Temperature, 37.6° to 38 4° C. Cardiac sounds clear. Salophen, 6 grammes.

March 26th.—Patient since three days completely free from fever and pain. Salophen discontinued. Duration of treatment six days.

April 4th.—Patient again complains of pains in the spine, in the shoulders, and left knee. Temperature, 39.4° C. Salophen 3 grammes.

April 6th.—Pains relieved. Salophen, 4 grammes.

April 7th.—Pains in joints entirely absent. Occasionally tinnitus aurium, lasting for a short time. Salophen discontinued. Shortly after recovering from the rheumatism, patient acquired a pleurisy on the right side. Salophen, which was employed as an antipyretic, failed to exert any effect.

X.—M. K., aged 18, good previous health, was attacked, May 7th, with violent pains in the sacral region, which was followed by swelling of both knee- and ankle- joints.

On admission, May 11th, the patient, a vigorous, moderately well-nourished man, had a temperature of 38.6° to 39 2° C.; he was unable to move about even slightly in bed on account of violent pains in the back and legs, and cried loudly when the limbs were touched. Knee- and ankle- joints immensely swollen, red, and hot. On passive motion patient experienced pain in shoulders and cervical

vertebræ. Increased area of cardiac dullness, systolic sounds muffled, accompanied with a souffle. Second sound of the heart accentuated over the aorta and pulmonary artery (pericarditis?) Salophen, 6 grammes.

May 13th.—Temperature, 37 3° to 37.8° C. In the affected joints pains only present on forced passive movements. Swelling of the knee- and ankle- joints unchanged. Cardiac murmur has disappeared. Area of dullness normal. Salophen, 6 grammes.

May 14th.—Patient free from fever and pain. Exudation in left knee-joint unchanged. Salophen, 4 grammes.

May 16th.—Patient goes about without difficulty. Exudation in left knee diminished. Salophen, 4 grammes.

May 18th.—Salophen discontinued. Massage of left knee joint. Duration of treatment eight days.

XI.—J. J., aged 15, a weak and anæmic servant-girl, gave a history of having worked repeatedly at night fourteen days before when insufficiently clad. Several days later she experienced pains in the knees and calves of the legs, which, on April 27th, became so violent that she was compelled to seek the bed.

On admission, May 1st, a tuberculous infiltration of the upper lobe of the right lung was found. On movements of the knee joints or pressure upon calves pain was experienced; even slight movements of the legs could only be executed with difficulty, being attended with severe pain. Temperature, 38.6° to 39° C. Salophen, 6 grammes.

May 6th.—Pains in knees and calves completely gone. Salophen, 6 grammes. During these five days patient had continued fever on account of extension of the pulmonary process; the fever was about 38° C. and showed exacerbations in the evening. The quantity of 6 grammes of salophen administered daily exerted no effect upon the fever.

May 6th.—Salophen discontinued.

To these thoroughly described cases of acute articular rheumatism, I will add in brief six cases of chronic rheumatism treated with salophen:—

1. E. K., aged 26, a vigorous, well-nourished servant-girl, had suffered from frequent attacks of articular rheumatism since 1886, and in the course of these had acquired a mitral insufficiency. On May 28th she was attacked by pains in the joints of the fingers of the left hand and in the left knee. When admitted, April 11th, these joints were still painful, the knee was swollen and a grating sensation felt in it. Temperature normal. Up to April 17th patient received daily 6 grammes of salophen, which was well borne. On April 17th the pain and swelling of the affected joints had disappeared, and the girl was discharged cured April 19th. Duration of treatment eight days.

2. L. A., a weak man, suffering from chronic bronchitis, had, four years previously, passed through a severe attack of articular rheumatism, and since then had suffered constantly from rheumatic pains in the right knee. April 15th the left wrist and right knee-joint began to swell, and fluctuation was noted; movements provoked violent pains. Temperature normal. Salophen, 4 grammes. April 15th to 17th, salophen 6 grammes. Pains in the still swollen joints disappeared, so that movements, as far as they were possible on account of the profuse articular exudation, could be made without difficulty. Absorption of the exudation could not be brought about, although 6 grammes of salophen were administered for one week.

3. A. M., had suffered for several years from frequent attacks of shifting pains in the shoulder,- hip,- and knee- joints, which had been treated by salicylate of sodium, local application of ichthyol and massage, with only temporary success. Patient received during eight days 6 grammes daily, and for three succeeding days 7 grammes of salophen. The pain in the joints was relieved; the swelling, however, remained the same. Patient could walk about, although with difficulty, by the aid of a cane, while previously he had been confined to bed. After the first administration of salophen, he complained of a feeling of weight and constriction of the head and occasionally vertigo. More marked disturbances, however, did not appear, and the existing disorders disappeared spontaneously after three days' administration of the remedy.

4. A. M., aged 24, an agent, had suffered for many years from painful swelling of both knee- and ankle- joints. The patient was given 3 to 4 to 6 grammes of salophen pro die for three days, after which the pains disappeared during rest in bed, although they immediately re-appeared when he attempted to walk. Although the remedy was continued

for eight days, further improvement was not remarked.

5. R. J., aged 19, an apprentice, had been under treatment since February, 1891, for severe articular rheumatism combined with acute endocarditis. Notwithstanding continued administration of salicylate of sodium until the middle of March, pain and swelling of the right shoulder-joint persisted. Temperature, 36.7° C. From March 14th 4 grammes of salophen were administered daily, but without any noteworthy result. The pains in the shoulders became more violent and spread to the arms. Salophen was then discontinued and massage resorted to, under which practice the condition improved.

6. S. K , aged 46, a servant, had suffered from an attack of severe articular rheumatism in 1889 Since then was troubled with violent pains, especially in the knees, at every change of the weather, which, during the last few weeks, were associated with persistent pains in the wrists.

May 10th.—Salophen, 6 grammes. Temperature normal; the above-mentioned joints tender, but not swollen.

May 12th.—Pains unchanged. During the afternoon profuse sweating for two hours.

May 14th.—No change. In the afternoon every day a disagreeable attack of sweating, after which the patient felt greatly debilitated.

May 16th.—Salophen proves inefficient, and is discontinued.

If now we study the effect of salophen in the above-described cases of acute articular rheumatism, we find that the remedy did not disappoint us in any of the cases. In almost every instance the pains subsided in three or four days, even in the joints most severely affected, and six to eight days later the acute swelling had disappeared. Effusions of slight extent into the joints were readily and completely absorbed, while large exudations remained either unaffected by the salophen or absorption was brought about only with the aid of sorbefacients and massage.

Case IX was especially instructive. Thanks to the prompt action of salophen, the first attack was terminated in six days. Eight days later, however, an equally severe recurrence took place, which subsided in four days under much smaller doses of salophen, but was followed by a pleurisy. Although the fever accompanying the rheumatism had disappeared after three days' administration of salophen, the fever of pleurisy remained entirely unaffected.

This teaches us, first, that salophen is as incapable as the other salicylic preparations of preventing recurrences after recovery from acute rheumatism, and, second, that salophen promptly acts upon the fever of rheumatism, but has no influence upon febrile conditions of different origin, as is shown by Case XI and other cases referred to later.

It was further observed, in Cases IV and V, that, notwithstanding the administration of sufficient quantities of salophen, an acute endocarditis developed, while Case X, at the time of admission, presented extensive and well-marked cardiac dullness and muffled heart-sounds accompanied with murmurs, so as to lead us to suspect pericarditis, which symptoms had disappeared completely in the course of three days. Whether this was attributable to accident or to the effect of salophen could not, of course, be decided.

A less favorable result was obtained from the salophen treatment in six cases of chronic rheumatism, of which only the first could be regarded as cured. In the second and third cases the improvement consisted only in removal of the pains in the joints, while the exudations and consequent ankylosis of the affected joints were entirely uninfluenced, notwithstanding that considerable doses of the remedy were exhibited. In cases 4, 5, and 6 the effect was absolutely *nil.*

The second series of experiments undertaken for the purpose of testing the antipyretic effect of salophen gave a doubtful result. An action upon the temperature was noted only in a case of pyrexial phthisis, the course of the fever being described further on.

Every one who knows how variable are the febrile conditions in pulmonary tuberculosis, and how much the fever-curves depend upon the progress or arrest of the pulmonary trouble, will appreciate that little stress is to be placed upon such remissions, which are apparently produced by the antipyretic.

In the case of a weak and anæmic patient, who suffered from advanced tuberculosis of the right lung, the following two days occurred during the course of the fever:—

Date.	Salophen.	Hour of Administration.	Hour of Taking Temperature	Temperature.
March 16.	1 gramme.	8 o'clock.	7 o'clock.	38.3°
	1 gramme.	11 o'clock.	10 o'clock.	37.5°
	1 gramme	1 o'clock.	12 o'clock.	37.3°
	1 gramme.	3 o'clock.	2 o'clock.	37.6°
			4 o'clock.	37.8°
			6 o'clock.	39.3°
March 17.	1 gramme	8 o'clock.	7 o'clock.	38.5°
	1 gramme.	9 o'clock.	10 o'clock.	37.9°
	1 gramme	10 o'clock.	12 o'clock.	38.0°
	1 gramme.	11 o'clock.	2 o'clock.	37.9°
			4 o'clock.	38.6°
			6 o'clock.	38.5°

From the history of these two days of the disease, the conclusion may be readily drawn, that on the first day the apyrexia of seven hours' duration was certainly not attributable to salophen, since, when administered on the following day, in equal doses and at shorter intervals, it was unable to reduce the temperature to normal even for an hour.

In all other febrile states salophen proved entirely inefficient. In a case of severe measles, the following course of temperature occurred:—

Date.	Salophen.	Hour of Administration.	Hour of Taking Temperature.	Temperature.
April 3.	1 gramme.	10 o'clock.	10 o'clock.	39.2°
	1 gramme.	3 o'clock.	12 o'clock.	39.4°
	1 gramme.	6 o'clock.	2 o'clock.	39.8°
			4 o'clock.	39.5°
			7 o'clock.	38.2°
April 4.	1 gramme	8 o'clock.	8 o'clock.	38.5°
	1 gramme.	10 o'clock	10 o'clock.	38.6°
	1 gramme	2 o'clock.	12 o'clock.	37.7°
	1 gramme.	4 o'clock	3 o'clock	37.7°
	1 gramme.	6 o'clock.	5 o'clock.	38.4°
			7 o'clock.	38.4°

In cases of chronic pleuro pneumonia, complicated with erysipelas, the same doubtful results were observed:—

Date.	Salophen.	Hour of Administration.	Hour of Taking Temperature.	Temperature.
March 18.	1 gramme.	8 o'clock.	8 o'clock.	38.3°
	1 gramme.	9 o'clock.	10 o'clock.	37.5°
	1 gramme.	10 o'clock.	12 o'clock.	36.6°
	1 gramme.	11 o'clock.	2 o'clock.	36.6°
	1 gramme.	12 o'clock.	4 o'clock.	36.5°
			6 o'clock.	36.3°
			8 o'clock	36.7°
March 19.	1 gramme.	8 o'clock.	8 o'clock.	38.3°
	1 gramme.	9 o'clock.	10 o'clock.	38.3°
	1 gramme.	10 o'clock.	12 o'clock.	38.0°
	1 gramme.	11 o'clock.	2 o'clock.	38.0°
	1 gramme.	12 o'clock.	4 o'clock.	37.7°
			6 o'clock.	37.7°
			8 o'clock.	37.5°

The same occurred in a case of erysipelas, and, as already described, in a case of pleuritis sicca. Whenever a remission took place, which could not be attributed to a change in the disease,—as, for example, in the case of pleuro-pneumonia complicated with erysipelas,—it lasted, at the most, twenty four hours, and gave way to a febrile exacerbation on the following day, in spite of continued administration of salophen. If the reduction of temperatare occurred during the day, it lasted no more than three or four hours, even when the remedy was given at short intervals.

Salophen was also employed in three cases of cystitis, partly internally and partly in fluids for irrigating the bladder.

The first case was that of a servant-maid, aged 22, who had suffered for fourteen days from blennorrhœa vaginæ et urethræ. The urine was alkaline and turbid, and deposited a sediment which, besides phosphates, contained a large number of pus corpuscles, but no renal casts. In short, the patient presented the typical symptoms of acute cystitis. Salophen (3 grammes) was administered daily, and the bladder irrigated in the manner already described. As early as the second day, the pains in urination had become less severe, and after three days more the urine became clearer, and, nine days after admission, the urine no longer contained pus; so that, three days later, the patient could be discharged cured.

A second patient had suffered six months from vaginitis and urethritis. The urine deposited a thick sediment of pus, renal and vesical epithelium, and had a strong ammoniacal odor and alkaline reaction. Salophen was employed in the same manner as in the first case, but, as not the slightest change occurred in the urine, other measures were resorted to.

In the case of a paralytic patient suffering from paralysis of the bladder and a moderate degree of cystitis, resulting from prolonged use of the catheter, salophen was administered internally for eight days, in doses of 6 grammes per day. The pus in the urine, however, did not diminish, although, upon the addition of iron chloride, the urine assumed a deep violet color, indicating abundant presence of salicylic acid.

In the following cases salophen was used as a dusting-powder, without application of other antiseptics: Suppurating mucous cyst on foot, abscess of the forearm, incised panaritium, and ulcerating fungus pedis. In the first case an abundant formation of granulations occurred, with only slight secretion of pus, and cicatri-

zation was complete in eight days. In all the other cases vigorous granulations developed, but in combination with profuse suppuration, so that cicatrization took place very slowly, and iodoform had finally to be resorted to.

It is noteworthy that, under the salophen treatment, after effects were observed in only three cases; never, however, becoming so marked as to necessitate discontinuance of the remedy. In a case of advanced phthisis in a greatly debilitated patient, and in a case of chronic rheumatism, there appeared regularly, after administration of the salophen in the afternoon, profuse sweating, combined with exhaustion, which, however, lasted scarcely two hours, and was followed by no other subjective disturbances. Another patient, suffering from chronic rheumatism, complained, after the first dose of salophen, of a feeling of heaviness in the head, dizziness, and tinnitus, which, however, disappeared spontaneously, notwithstanding uninterrupted use of the remedy. As already remarked at the beginning, these symptoms are due to too rapid decomposition or faulty excretion of the salicylic acid, for the second constituent of salophen, acetyl-paramidophenol, has been found entirely innocuous in experiments on animals. It should also be mentioned that salophen, in large doses, was well borne for a long period by a patient, who, after two days' administration of salicylate of sodium (4 grammes per day), experienced exhaustion and profuse sweats (Case V).

Salophen has shown itself a prompt and rapidly acting remedy against acute articular rheumatism. It is to be placed in the same category with sodium salicylate and salol, as regards efficiency, but is preferable to them for the following reasons: (1) It is not hygroscopic, and may, therefore, be preserved in any form; (2) it is tasteless, in contrast to the disagreeable taste of sodium salicylate and salol; (3) and this is its chief advantage,—it may be administered, even in large doses, for a long time, without the disagreeable after-effects of the other salicylic-acid preparations, such as loss of appetite, nausea, vomiting, vertigo, tinnitus aurium, and even collapse, for the reason that salophen is not decomposed until it reaches the intestine, and, therefore, cannot have any action upon the stomach. As a matter of fact, I never observed, among the thirty cases studied, disturbances of the functions of the stomach, and only in three instances transient cerebral symptoms.

The action of the remedy upon chronic articular rheumatism was not constant in the six cases observed; while in the first cases it had a good effect, it proved utterly unreliable in three other cases. At any rate, it would be worth while to test salophen in chronic rheumatism, just as it is customary to make trial of the other salicylic-acid preparations in these cases. Salophen will, at least, rapidly relieve the pain in the joints, in most cases, while no great hope need be entertained as regards absorption of large exudations.

As an antipyretic, salophen has proved inefficient in any dose or manner of administration.

The attempts to utilize salophen practically as an antiseptic, in consideration of its large quantity of salicylic acid, cannot be regarded as decisive, since I am unacquainted with the action of salophen upon pathogenic and putrefactive bacteria. It would be a grateful task to institute experiments in this direction upon more suitable material than that at my disposal, and with the aid of the most recent auxiliaries of bacteriology.

In conclusion, I would express my thanks to Dr. Scholz for referring to me suitable cases.

TETANUS IN THE COURSE OF CIRRHOSIS OF THE LIVER.

By GEORGE A. HEWITT, M.D.,
PHILADELPHIA, PA.

REFLEX or toxic disturbances of the nervous system are not infrequently exhibited in the advanced stages of disease of the digestive apparatus. Kussmaul was the first to call attention to the occurrence of tetanic spasms in the dilatation of the stomach. He attributed the manifestation to the abstraction of water from the muscular and nervous tissues. The convulsions usually attack the muscles of the forearms and the legs, but may be general and attended by loss of consciousness. Gerhardt considers them due to absorption of products of decomposition of the contents of the stomach. MM. Bouveret and Devic, who recently reported to the Biological Society of Paris a study of three such cases, believe that the symptom is due to formation of a toxic substance obtained by Brieger and by him termed peptotoxine. Coma of toxic origin may precede death from cirrhosis of the liver. I re-

ported in the Medical Register for March 3, 1888, an interesting case of cirrhosis of the liver in which the patient, eight weeks prior to death, suddenly fell to the floor unconscious, but without a general convulsion. There was twitching of the facial muscles, and he frothed at the mouth. Consciousness soon returned; but four days later he fell into a semicomatose condition; the urine and fæces were passed involuntarily, and in this condition he remained for about three weeks. At the end of this time his physical condition improved a little, so that he was able to sit in a chair. But during the brief remainder of his life he manifested the symptoms of acute dementia. A number of purpuric spots appeared upon the body, and the patient finally fell into a state of deep coma, which lasted nearly twenty-four hours before death took place.

The following case, which I observed several years ago, deserves to be recorded as an unusual complication of hepatic sclerosis:—

The patient was a man aged about 35 years, who for five years had suffered from painful indigestion, accompanied by a train of nervous symptoms. He experienced numbness or prickling upon various portions of the body, but more particularly upon the skin of the abdomen; headache; lack of attention, memory, and self-confidence. His complexion was decidedly sallow. The objective symptoms of indigestion, when I first knew him, were but slight, especially when compared with his nervous symptoms and apprehensions. The man, in fact, grew hypochondriacal, was continually watching his symptoms, consulting physicians, and taking medicines. In this condition he passed the last two years of his life. Nevertheless, his strength did not seem much impaired or his symptoms much aggravated until within two months of his final attack of illness. During this period his ailments increased in severity.

He had been confined to his bed for four days when I made my first visit. He complained of much nausea and vomiting. The alvine discharges had been black and tarry. The bowels were alternately relaxed and confined. The patient had some throat cough and abundant formation of mucus in the upper air-passages. The secretion was so tough and viscid that it was very difficult to raise, and the effort usually terminated in vomiting. He was also troubled with insomnia. Neither bismuth nor nitromuriatic acid were of any service in allaying the gastric and intestinal symptoms. By the second or third day I was satisfied that the vomiting of which he complained so much was generally hawking of tough mucus instead of evacuation of the stomach. I put him upon 10-grain-doses of chloride of ammonium. This thinned the secretion and relieved the coughing and hawking, by which he was thenceforward troubled no more. Upon the second and again upon the third night of my attendance I was called to see him on account of severe abdominal pain. The symptom, especially when viewed in connection with an attack he had had several months previously, the tarry stools, the distension and tenderness of the gall-bladder, suggested the passage of gall-stones. Inhalation of chloroform upon each occasion alleviated his pain and gave him a fair night's rest. No gall-stones, however, could be detected in the ejecta. During the eighth and ninth days his bowels were freely open, the discharges at first being tarry, but gradually becoming more natural in color, as if containing bile. Upon the tenth day the passages began to be streaked with blood. There was no fever. Upon the eleventh day he had four copious hæmorrhages from the bowels and three upon the twelfth day. At this time I gave him an acetate of lead and opium pill *pro re nata*. Upon the afternoon of the thirteenth day he had a violent chill, which lasted ten minutes. Upon this and the following day thin fæcal passages alternated with bloody stools. By this time his stomach had improved so much that he was able to take and retain a fair amount of liquid nourishment. He had tired of milk, which did not seem to be very well borne; so that he was placed upon a course of animal broths,—beef, mutton, and chicken,—which he retained and relished. On account of his persistent insomnia I was obliged, upon the night of the fourteenth to fifteenth day, to prescribe morphine sulphate, of which he thenceforth took about ¼ grain daily in two doses, this moderate quantity being found sufficient to lull his pain and give him rest. Early on the morning of the seventeenth day another copious hæmorrhage occurred. During this day he had no less than ten bloody stools, varying in amount, some being very large. In the night between the eighteenth and nineteenth days the patient had a slight chill. After this time there were

no more hæmorrhages. The bowels were opened twice or thrice daily, discharging fluid feculent matter.

Upon the evening of the twentieth day the patient began to complain that his jaws were stiff. He had been so much better for the preceding two or three days, free from pain or hæmorrhage, resting quietly under small doses of morphine, being cheerful and hopeful, taking his nourishment regularly and with relish, that I thought he might possibly be laboring under a hypochondriacal fancy. His general condition still appeared comparatively good. But the next morning his jaws were so tightly locked that he was unable to take either nourishment or liquid medicine. The masseter muscles could be felt to be rigidly contracted. Upon the following day the muscles of the upper part of the back and of the neck began to contract, so that his head was drawn toward his left shoulder and his face to the opposite side. The trapezii were of board-like hardness, as were the sterno-mastoidei, especially upon the left side. After tetanus appeared, failure was rapid and death ensued in about thirty-six hours. During the last forty-eight hours all I could do was to keep him quiet by means of hypodermic injections of morphine sulphate, ¼ grain, with atropine sulphate, $\frac{1}{80}$ grain; inhalations of chloroform, and rectal injections of chloral, 30 grains, at a dose. The latter I gave in milk and pepsin. During the course of the disease there was little or no febrile action.

A partial and hurried autopsy was permitted about four hours after death. There was no peritonitis or ascites. The gall-bladder was moderately distended. It contained no stones. The superficial vessels of the liver were moderately injected. The organ was not contracted, but cut hard, the interstitial connective tissue being evidently increased. No softening, abscess, or new growth existed. The kidneys were moderately enlarged and a little hardened. One was markedly lobulated. Peyer's patches were intact.

THE CARTWRIGHT PRIZE.—The Alumni Association of the College of Physicians and Surgeons of New York offer a Cartwright Prize of $400, to be awarded in June, 1893. This prize is open to universal competition, and essayists may select any subject connected with the science of medicine. Original investigations are, however, demanded of the competitors.

*ANOMALOUS RESPIRATION LOCALIZED IN THE APICES OF THE LUNGS—THE DIAGNOSTIC VALUE OF THIS SIGN IN INCIPIENT PULMONARY TUBERCULOSIS.**

By DR. MANUEL SANTA MARIA Y BUSTAMENTE,
Physician to the Hospital de la Princesa, Madrid.

ONE of the medical subjects which has given rise to the most study and discussion is doubtless that of tuberculosis. Every day, and in every portion of the globe, important publications appear, essaying to elucidate the different problems relating to this disease. Some deal more especially with the clinical history, others with its pathology or its hygienic management. A respectable library could be formed of publications relating solely to this fatal and wide spread malady, which spares not age, sex, climate, race, locality, position, etc. My attention has been lately directed to a certain point of the subject by a very interesting clinical case, of which I present the following brief history:—

In November, 1891, I was consulted by D. J. R., 28 years of age, who was accompanied by his brother. They had until lately resided in the Philippine Islands, where they had been engaged for four years and a half in commercial pursuits. They should have remained there longer, had not the health of the patient demanded a change of climate. He was considered to be affected by tropical anæmia, which proved rebellious to all treatment. During six months he had taken iron, arsenic, quinine, nux vomica, phosphorus, and other remedies, and all the so called specific remedies, without the slightest effect His only symptoms had been an increasing loss of appetite, with some digestive disturbance, manifested in the form of generalized pains, with no fixity as regards time, and independent of the food taken. At times he suffered from diarrhœa, and again from constipation. Sometimes his tongue would be covered with a whitish coat, which would disappear in a day or two without any medication. He had no cough, fever, or vomiting. His strength failed gradually, and he was troubled with insomnia, for which he was given opiates.

During his journey he had taken the opportunity to consult physicians at Saigon, Singa-

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pore. and Marseilles. These seem, judgiug from their prescriptions, which varied but little and consisted of bitters, digestive ferments, iron, etc., to have diagnosticated gastro intestinal dys pepsia,—a not infrequent disease of hot climates, and which inaugurates many pathological processes. Whether on account of the change of climate or the medicines prescribed, the condition of the patient certainly improved and he regained his appetite. The gastro intestinal functions were performed satisfactorily, and when I first saw him he complained only of fatigue and a difficulty in respiration upon the least movement.

Upon an attentive consideration of the aforesaid symptoms, I apprehended the development of pulmonary disease. An examination of the chest revealed the following: Breathing frequent, superficial (thirty-four to the minute) and forced, each act demanding an exertion of all the muscles of inspiration. Percussion was normal over all the regions of the chest. Physiological thoracic vibration was present. Upon auscultation, inspiration was found rough and harsh in both apices, anteriorly and posteriorly (in the supra-scapular, supra- and infra- clavicular regions), but normal throughout the remainder of the chest. There was a complete absence of râles or bronchophony. Expiration was clear. The respiratory capacity was reduced to fourteen hundred cubic centimetres. The patient had a dry cough, but there was no expectoration. I directed the man to return to me and bring with him some of his sputum if he expectorated. In fine, within the space of ten days I saw him three times without detecting any other symptoms or signs in addition to those enumerated. A little sputum was brought, but it contained none of Koch's bacilli. From this absence, and the negative character of the physical signs, the existence of pulmonary tuberculosis might be denied. Nevertheless, I informed his brother that I believed the case one of incipient pulmonary tuberculosis, but that we might hope, at this stage, to effect a genuine cure by the local and general employment of an antiseptic medication, with the inhalation of germicidal substances and the performance of respiratory gymnastics.

No improvement having taken place at the expiration of a fortnight, the brothers announced their intention of going to Paris, in order to consult Professor Grancher. To this determination I neither could nor ought to make any opposition, although assuring them that in Spain many professors devoted themselves to the treatment of this class of affections. As they designed remaining some time in Barcelona, I gave them the names, among others, of Doctors Pi y Suñer, Rodriguez Méndez, and my masters, Robert, P. Esquerdo, and M. Ribas. I suggested to the patient that he be examined by these practitioners during his residence in the provincial capital. But the confidence and enthusiasm which they exhibited at the idea of consulting the French professor —undoubtedly an authority upon the subject— obliged me to doubt the fulfillment of their promise to return to Madrid by the middle of December. When I had ceased to think of the case the patient presented himself at my office one afternoon (April 14th), but so decidedly changed that I should not have known him had he not been accompanied by his brother. The alteration in his condition was remarkable. Tuberculous deposits existed in both lungs, more particularly in the left, both lobes being invaded, the apex only being affected upon the right side. There was a purulent expectoration in which Koch's bacilli abounded. Whereas before there had been no fever, sweats, or general digestive failure, now he suffered from febrile paroxysms in the afternoon, night-sweats, diarrhœa, vomiting,—in a word, he exhibited the complete picture of advanced pulmonary tuberculosis. A fatal termination only could be expected, and this occurred in the beginning of May.

As will be seen from the foregoing history, this individual fell a victim to pulmonary tuberculosis, the progress of which might have been arrested if he had, in the beginning of the affection, employed the means which science directs. At that time there was present only a certain rude and harsh inspiration, confined to the apices, and constituting indubitably a sign of great value in the diagnosis of incipient pulmonary tuberculosis, the history of the case pointing to this diagnosis, yet the bacilli being completely absent. In my communication, presented to the Royal Academy of Medicine and Surgery, under the title of "Clinical Conception of Pulmonary Tuberculosis," etc., I have considered the importance of abnormal respirations as an early sign of the disease, equal to the localization of tubercle in the apices. In the present state of our knowl-

edge the examination of the sputum is the decisive test. But the micro-organisms, for reasons which escape us, may be absent in the beginning of the malady, and only make their appearance in an advanced stage. Their number may serve as a standard to indicate the advance and extension of the tubercular process. We must acknowledge that the bacillus possesses an undoubted pathogenetic action. Notwithstanding all these facts, frequent physical examination should not be neglected in order to form the utmost possible certainty of diagnosis.

Ever since the time of the famous clinician, Andral, authors have described with great care and elaborate effort the irregularities of respiration in the incipiency of pulmonary phthisis. They have regarded a rough, harsh, brusque, and crackling respiration as of great significance. Some writers, indeed, have considered it characteristic of the tubercular process. Others, again, have denied any diagnostic importance to abnormal respiration. The former class are, in truth, in the minority. The majority accord it a certain diagnostic and prognostic value when it accompanies dullness in the affected region, vocal vibrations, and moist râles. At this period it is understood that the process has attained a considerable growth, and represents the fusion of tubercular deposits,—a condition which is difficult, if not impossible, to restore to the normal. The patient at this stage likewise presents other symptoms, referable to extension of the tuberculous material to the different lobes and intra-thoracic glands, more or less distant from the primitive focus. Here irregular respiration is of no importance as a sign of beginning disease.

The already-mentioned Dr. Grancher has made a minute and extensive study of the abnormalities of respiration, and declares that this manifestation suffices by itself to establish the diagnosis of incipient general pulmonary tuberculosis. It is essential that the anomaly should affect the inspiration, which normally presents the same note and the same intensity in the different parts of the chest. On the contrary, expiration varies in intensity according to the side examined and the manner in which the patient breathes. Rude, rough, or weak abnormal inspiration, in order to be of diagnostic value, should be confined to the apices and should be permanent. Stress is to be laid upon this point, as all the writers upon the subject are decided (Tomasi-Crudeli, Griffiths, Jaccoud, Strumpell, Laveran and Teissier, Cantani, Stéfano, Pidoux, Roncati, Peter, Rindfleisch, Hutchinson, etc.). The interpretation that each gives to the phenomenon may differ as to form, but they all agree fundamentally that, in the circumstances, the pulmonary apices possess a sluggish circulation and a deficient ventilation which facilitates the fixation of Koch's bacillus. The result is favored, also, by the vicious position which children assume at school, and which, in many cases, is continued by the nature of their industrial occupations.

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*A CASE OF CHOREA-NEPHRITIS.**

By PROFESSOR DR. L. THOMAS,
FREIBURG.

AN etiological connection between chorea and nephritis, not dependent upon endocarditis, must be very seldom observed. I have gained no information upon the subject by an examination of literature or questions addressed to physicians. I therefore deem that the following history is worthy of publication:—

A boy, 14½ years of age, anæmic, and somewhat backward in his development, but otherwise healthy, was seized with chorea. The only illness from which he had previously suffered was scarlet fever, which was not followed by dropsy. His school-companions teased him on account of the odd movements which the disease gave rise to, and he was therefore removed from school and placed under medical observation. Writing was impossible on account of the jerking of the arm; his limbs were convulsed, and his features worked. The patellar reflexes were increased. The attempted treatment by arsenic proved a failure, since even the exhibition of 8 drops of Fowler's solution within the space of two or three days, given in plenty of water and upon a full stomach, was followed by a loss of appetite and diarrhœa. A dietetic and tonic regimen, into which no alcohol entered, was then adopted. The lad was kept in the garden much of the time, to amuse himself as he best could. After the lapse of a week I was summoned to see him on account of a swelling of the face. Upon a more detailed examination I found a general anasarca, without fever or other trouble. The pulse was moderately rapid and tense. The

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boy thenceforward was kept in bed. The area of cardiac dullness was normal. A gentle murmur could be heard with the first sound of the heart, but only when its action was excited. The second aortic sound was a little increased, but the pulmonary was unaffected. There was no pain over the heart and no dyspnœa. The urine was yellowish and somewhat turbid, contained no blood, but about ¼ per cent. of albumen and an abundance of pale and long hyaline casts, with epithelial cells and detritus. When the patient was in bed the choreic movements were less marked. The proportion of albumen in the urine remained about the same for the neighborhood of a week, when, under the influence of a milk diet, diuretin, and baths, it, together with the anasarca, rapidly disappeared. The urine also soon became clear and free from casts and detritus. It was interesting to observe that with the restoration of the general health, which the nephritis and anasarca had disturbed, the formerly quite active spasmodic movements were rapidly relieved and completely vanished with the disappearance of the nephritis. Unfortunately, the urine had not been examined during the attack of St. Vitus's dance, and I cannot, therefore, be sure that the latter was connected with the nephritis. This is, however, very probable, partly because the chorea ceased with the nephritis, partly because for at least nine months before the development of chorea the urine had been free from albumen, and in the meantime the boy had not been ill. At all events, at the height of a nephritis, which occasioned a general anasarca, the choreic manifestations were quite severe, but disappeared together with the nephritis.

The explanation of the association is, in all probability, that the disturbance of the co-ordinating centres, which gave rise to the choreic manifestations, was due to intoxication by urinary constituents. This is analogous to the frequent dependence of St. Vitus's dance upon rheumatism and infectious diseases. The heart of the patient, upon recovery, exhibited no sign of disease.

QUINQUAUD has confirmed Unna's statement as to the presence of a special microbe in soft chancre. It is a bacillus with rounded ends, and is generally arranged in chains. It is present in prodigious numbers in the lymphatics and intercellular spaces.

ABSTRACTS.

A CASE OF GRAVES'S DISEASE CURED BY AN INTRA-NASAL OPERATION.

Dr. Musehold, of Berlin, reports the following case: The patient was a woman, 45 years of age, who had suffered from goitre for several years. Although exophthalmus was not present, yet the diagnosis was plain, on account of the existence of goitre, the frequency and irregularity of the pulse (from 90 to 100 beats), violent palpitations, with lancinating pains in the præcordial region. She also suffered from pains in the head, epiphora of the right eye, and tremor of the arms and hands. The headaches were peculiar in beginning at the root of the nose, and extending thence to the frontal and temporal regions.

Anterior rhinoscopy revealed hypertrophy of the posterior half of the right inferior turbinated bone. The patient complained of no difficulty, except that she frequently suffered from coryza. The hypertrophy was removed by galvano-cautery. It was about as large as a medium-sized haricot-bean. The pain in the head at once vanished. The palpitations gradually diminished in violence and frequency, and, seven days after the operation, the functional action of the heart presented no abnormality, with the exception of a slight irregularity. The goitre, although reduced in volume, nevertheless persisted, and Dr. Musehold applied to it a weak, continued current. A little more than two months afterward, nothing remained but a slight hypertrophy of the right lobe of the thyroid gland, the cardiac irregularity had entirely disappeared, and the patient, who had been emaciated, had notably gained in weight.

This case is to be added to those previously published by Hoppmann, Hack, and B. Fränkel. It seems to clearly show that the asthenia, which is at the bottom of every case of Graves's disease, may sometimes depend on intra nasal irritation reflected upon the bulb.—*Revue de Laryngologie*, etc.

SPASMODIC APHONIA AND DYSPNŒA.

To the cases reported by Michaël and Krause, Dr. Onodi, of Buda-Pesth, adds a third, in a communication to the French Society of Otology and Laryngology. These are the only three cases on record in which both

spasmodic manifestations appeared at the same time. Dr. Onodi's patient was a hysterical woman, 24 years of age, who suffered from time to time from attacks of hystero-epilepsy. For eighteen months she also had occasional attacks of inspiratory dyspnœa and complete aphonia. Upon one occasion tracheotomy was about to be performed, when the inspiration of ether relieved the dyspnœa. The amelioration continued for some time. When seen by Dr. Onodi, both symptoms were present, and the dyspnœa was increasing. The laryngoscopic mirror showed that during phonation the vocal cords approached each other strongly, and then separated a little. During inspiration the narrowed glottis did not enlarge. Upon deep inspiration the cords approached each other, and the dyspnœa augmented. Professor Jendraesik employed hypnotism with a remarkable success. After the first suggestion, the patient was relieved of dyspnœa, and sang in a clear voice. The following day there was no trouble in breathing, but the aphonia had returned. By laryngoscopy it was seen that during inspiration the glottis enlarged to its maximum, but that, when the woman wished to speak, the vocal cords pressed firmly against each other. After several hypnotic *séances*, both the dyspnœa and aphonia entirely disappeared. The manifestations were evidently due to spasmodic contraction. In Michaël's case the inspiration of chloroform, and in Onodi's of ether, gave temporary relief. In both cases the symptoms were of hysterical origin.—*Revue de Laryngologie*, etc.

THE ALIMENTARY REGIMEN OF CHRONIC NEPHRITIS.

This was the subject of a communication by Dujardin-Beaumetz to the Academy of Medicine. The speaker said: Since the researches of Bouchard and A. Gautier upon the toxicity of urine, we know that it is not albuminuria we need to combat, but impermeability of the kidney. It is against the accumulation of toxines in the economy that we must strive. Nothing is proved by the proportion of albumen. I have seen a child who excreted thirty-five grammes of albumen daily without the occurrence of uræmia. The whole problem rests, in reality, upon the permeability of the kidney. The presence of albumen only proves that the organ is congested. Therapeutics should consist in providing avenues of exit for the toxines. The kidneys must be stimulated by diuretics; the bowels and skin must be kept active. It is necessary to diminish the toxines fabricated by the economy in consequence of cellular action. Bodily or mental labor must be restricted.

We must also limit the amount of toxines introduced with the food. It is known that these bodies develop in the food three days after the death of the animal. Meats not perfectly fresh should, consequently, be avoided. Fish is a dangerous aliment, for in them fermentation proceeds with rapidity. Game is the type of a food dangerous on account of the toxines which it contains. Shell-fish, especially oysters and mussels, are apt to be harmful. These foods should, therefore, be forbidden. Strong cheese is also rich in toxines. Alcohol, from its irritant effect upon the kidney, should be absolutely proscribed.

Among permissible aliments milk occupies the first place. All agree upon that point, especially when sterilized milk is used. Opinion is not so unanimous as to the position of eggs. An observation of Claude Bernard's has created much embarrassment. After the ingestion of a certain quantity of eggs, he demonstrated the presence of albumen in the urine. The experiment has since been repeated with contradictory results according to the method of operating. But egg-albumen is not the albumen which escapes. Moreover, it is peptonized as soon as ingested. Finally, from the clinical point of view, I have never seen the consumption of eggs increase the amount of albumen excreted. I consequently do not regard them as dangerous. It may be asked whether, in giving albuminoids, we do not increase the retention of urea in the blood and cause uræmia. In chronic nephritis there is no relation between the quantity of albumen introduced into the organism and the albumen of the urine. Starchy substances play an important part. Rice furnishes more heat than lean meat. In this respect it is even superior to eggs. Potatoes occupy the lowest rank. Certain starchy foods contain more nitrogen than meat, *e.g.*, preparations of wheat (legumin, fromentine).

Meats may be allowed in chronic nephritis, but what meats? They must be cooked. I recommend, especially, gelatinous meats, chicken with rice, beef *à la mode*. The food must be regulated according to the permeability of the kidney. If impermeable, the

regimen must be absolutely of milk; if slightly permeable, a vegetarian diet must be observed. If a little addition must be made, let it be of well-cooked meat.

It is not enough to diminish the alimentary toxines. Others are formed by faulty digestion. Intestinal antisepsis, therefore, becomes necessary, by means of benzo-naphthol and salol. The first-named compound has the advantage of yielding neither carbolic nor salicylic acid. Salol is the only antiseptic which, in an alkaline medium, is decomposed into carbolic and salicylic acids. It assures antisepsis of the small intestine. The salicylate of bismuth produces the same condition in the large intestine.

M. G. Sée remarked: "These dietary precautions cannot be formulated in a general manner. We must take into consideration the different kinds of albuminuria. There is, in the first place, a functional albuminuria, which is met with in well-nourished individuals. In sixty-eight out of one hundred persons examined, albumen is found in the urine between ten o'clock and mid-day. This albuminuria also occurs after a meal or violent exercise. It is never observed at night. In such cases, no treatment is needed. They must simply avoid extreme exertion, but may eat whatever they wish.

"Next comes cardiac albuminuria, which is met with in fifty out of one hundred patients in whom compensation exists. As soon as a cloud of albumen appears in the urine, these persons are placed upon a milk diet; but this is an error. There is no nephritis present, but only a venous congestion of the kidney. The albuminuria is relieved by treating the heart.

"Parenchymatous nephritis is almost the only condition which demands a milk diet. Milk is useless in interstitial nephritis. Hæmatogenous albuminuria, admitted by Semmola, does not exist. As to alimentary albuminuria, the experiment of Claude Bernard proves nothing. Finally, we encounter toxic albuminuria from Bright's disease, from toxines and ptomaines, and from general intoxication."—*Le Médecine Moderne.*

EXTENSIVE PERFORATION OF THE SEPTUM OF THE NOSE IN TYPHOID FEVER.

After some observation upon destructive lesions produced in the tissues, and the influence of depressed nutrition and septic elements engendered by typhoid fever, Dr. Gellé points out that the localization is explained partly by the decubitus, and in part by friction or touches repeated at one point. The soil has been more or less prepared, either by epistaxis or pruritus, followed by scratching. The writer does not believe that we should admit thrombosis or embolism as an efficient cause. The patient has had frequent hæmorrhages, and has irritated the nostril with his finger. Ulceration of the septum is a late manifestation, or, at least, the lesion is not perceived until the patient is semi-convalescent.—*Revue de Laryngologie*, etc.

MORBID ASSOCIATIONS.

At a meeting of the Academy of Sciences, M. Verneuil spoke as follows: "One of my old pupils, M. Kohos, has sent me a very interesting communication. A man, 49 years of age, born in Roumania, contracted in that country, at the age of 25 years, intermittent fever, from which he suffered for several months. At the age of 31 years he settled in Manchester, and every sign of malaria disappeared. In August, 1891, he returned to Roumania, again took the fever, and went back to England with well-marked quotidian attacks. The malarial hæmatozoa were found in his blood. Sulphate of quinine was given without success. On the 20th of December a carbuncle appeared upon the back of the neck, rapidly attained great size, and was very painful. Incisions were made and pressure applied in order to evacuate the pus. Analysis of the urine revealed no sugar. Microscopical and bacteriological examination of the pus showed that it contained, in addition to leucocytes, paludal plasmodia in large proportion, together with characteristic yellow staphylococci in comparatively small quantity. After the incisions the wounds were dressed with poultices sprinkled with carbolized water. The carbolized spray was also employed with perseverance. The treatment, however, was without avail. The pain was not assuaged and no progress was made toward healing. During this period the fever returned regularly every day, and, as before, resisted the influence of quinine sulphate given by the mouth. M. Kohos then conceived the idea of introducing the medicament by way of the skin and made it into an ointment with lanolin. The unguent was applied by friction over the splenic region and Fowler's solution was administered.

"The effect was prompt and decisive. The pain soon ceased, the fever disappeared in less than eight days, and cicatrization occurred in three weeks' time.

"This, in spite of its concise history, is a very instructive case. In the course of an intermittent fever, four months after the date of recurrence, a carbuncle rapidly develops, accompanied by excruciating pain, which assumed a periodic type. A rational treatment produces neither local nor general effect. But when a specific treatment was addressed to the underlying condition,—that is, the malaria,—the scene changes at once, the symptoms ameliorate, the work of reparation begins and proceeds steadily without interruption."

M. Verneuil gave an account of a case of his own, in which an inflammatory attack was caused by malaria. The patient, a 5-year-old girl, was seized with an acute pleuro pneumonia without alarming general symptoms, but with severe pain simulating intercostal neuralgia. The child had been in Paris for but a short time and came from Brazil, which made the speaker suspect a malarial taint. The mother when questioned replied that the child had suffered two years previously from a severe attack of intermittent fever. Quinine sulphate was prescribed, the pain disappeared, and recovery was sufficiently rapid to justify the hypothesis of a morbid association of the malarial antecedent and the pulmonary consequence.—*La Tribune Médicale.*

PHYSIOLOGICAL ACTION OF CINCHONAMINE.

At a meeting of the Biological Society, M. Chauin reported the results of his study of a new substance, termed cinchonamine, a derivative of quinine. Its chemical properties have been investigated by M. Arnaud. This substance has been proven toxic to animals, and is remarkable for its power of reducing temperature. This action has been particularly observed by M. Chauin in animals, which he had rendered feverish either by microbian inoculation or by means of chemical substances.—*La Tribune Médicale.*

THE SPECIAL SENSES IN EPILEPTICS.

M. Féré has been studying the sensitiveness of the special senses, especially taste and smell, among epileptic patients. The fact is generally admitted that sensibility is affected, but former investigations have only sought to determine whether it was entirely lost. M. Féré, in collaboration with his internes, has examined one hundred and forty patients at the Bicêtre, for the purpose of determining in each subject, compared with healthy individuals, the minimum perceptible in a certain number of tastes and odors. He has found an impairment of taste and smell in 60 per cent.—*La Médecine Moderne.*

DIGESTIVE FERMENT OF THE CARICA PAPAYA IN GASTRO-INTESTINAL DISORDERS.

During the past year, having devoted considerable attention to the clinical applications of papoid, especially in digestive disorders, I have had the satisfaction of witnessing a number of very interesting results, to which I wish briefly to direct attention. The successful application of physiological data must be my excuse for again directing attention to a remedy which has been studied by such eminent investigators as Wurtz and Bouchut, Finckler, Rossbach, Roy and Wittmach; and one, furthermore, the physiological and therapeutical actions of which, at the present day, may be regarded as pretty fully established. If I have little of novelty to offer, as regards the agent employed, I may, at least, point out, very briefly, some of the clinical uses and the conditions of its successful employment. If I accomplish this modest task, the labor will not be in vain, since success in therapeutics depends upon the pharmaceutical preparation and mode of administration, in many instances, as much as it does upon the selection of the proper remedy.

There were two considerations that especially led me to study the clinical applications of the juice of the papaw to disorders of digestion. The first was the relatively large number, both in private practice and clinical service, of patients otherwise enjoying good health, but complaining of digestive disorders. The second was the following statement of Lauder Brunton's, which I encountered some years ago:—

"In the West Indies, a tough beefsteak is rendered tender by rubbing it with the juice of a fresh papaw-fruit, which contains a ferment, having an action very much like the trypsin of the pancreas."

The line of argument that would naturally be followed by the mind, after receiving such a statement, would be this:—

"A tender beefsteak is more easily masticated and digested than a tough one; consequently,

an agent possessing the power of making this change must be of considerable value as an aid to digestion, when weakened from any cause." Before considering the therapeutics of this unique remedy, however, I may briefly summarize its physiological actions and other properties:—

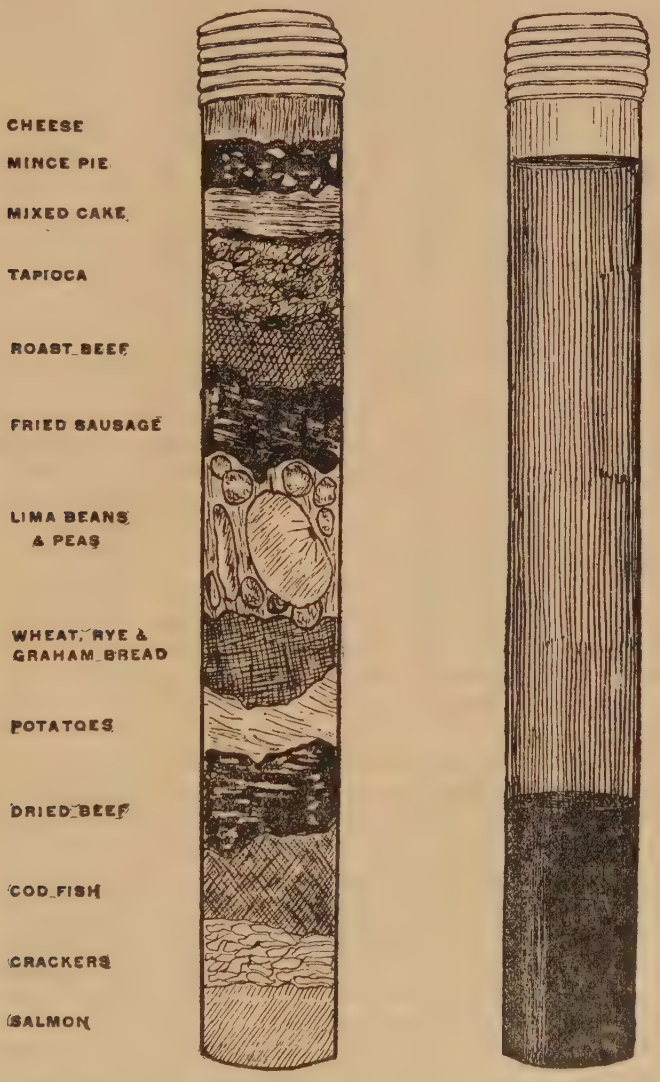
Papoid is a fine, cream-white powder, almost devoid of odor and taste, freely soluble in both water and glycerin, and claimed to be of uniform digestive activity.

The physiological actions of papoid as a digestive agent have been thoroughly established. It acts upon albuminoids, hydrating them and converting them ultimately into peptones, as fully demonstrated by George Herschel. It converts starch with great promptness, the ultimate product being maltose. It emulsifies fats. Moreover, Herschell declares that it has a direct tonic action on the stomach, stimulating the secretion of gastric juice or pepsinogen. Papoid, according to the same authority, is distinctly antiseptic in its action, and prevents abnormal fermentative processes from taking place in the stomach and intestines. An important point is that it can be given in conjunction with true antiseptics, such as salol, when necessary, without its digestive action being checked; even corrosive sublimate in dilute solutions does not interfere with its digestive powers. It acts at all temperatures, but attains its maximum activity at a temperature of about 130° F. In several important points it differs from pepsin. Papoid acts best in an alkaline solution, but also can work in fluids with an acid or neutral reaction; pepsin requires an acid solution. Papoid is freely soluble, and is most active when in concentrated form; pepsin requires free dilution. Herschell also points out the greater digestive power possessed by papain Finckler than either pepsin or pancreatin, and states that "it can be used when pepsin is contra-indicated or powerless." Finally, it should be stated that papoid has no action upon living tissues, and is positively innocuous when swallowed in any quantity that is likely to be administered.

Therapeutically, confining these remarks strictly to digestive disorders, papoid is useful when digestion has been overtaxed, or when the secretion of gastric juice is absent or deficient. Experiments of my own and others have satisfied my mind of the remarkable digestive activity of papoid. For instance, in one of the experiments referred to, portions of the constituents of a hearty dinner of bread, meat, potatoes, peas, mince-pie, and other substantials were placed in a large test-tube and treated with papoid and bicarbonate of sodium and a small amount of water. The result was very satisfactory indeed; the meat rapidly softened, and the other ingredients gradually disintegrated, forming a pultaceous mass, which finally separated into a grumous sediment and an overlying, albuminous, dark-colored liquid. Since papoid acts in alkaline solutions even better than in acid media, it is evident that it is specially useful where there is indigestion due to deficient secretion of gastric juice or of hydrochloric acid (achlorhydria). In such cases, the administration of an alkaline solution of papoid favors gastric digestion both directly and indirectly, (1) by digesting albuminates and softening masses of food, and (2) by the action of the papoid in stimulating the secretion of the pepsin-gland, while the alkali induces the secretion of a more acid gastric juice. Moreover, it retards the fermentation of the undigested masses of food in the stomach and prepares them for intestinal digestion. In fact, in such cases a compressed pill of papoid, bicarbonate of sodium, and extract of nux vomica has given me excellent results. In the contrary case, where there is an excess of hydrochloric acid, and where the stomach contents poured into the duodenum are so acid that they prevent the action of the trypsin, papoid prevents duodenal indigestion by taking the place of the pancreatic ferment. As Herschell points out, it is obviously of no use to give pancreatin by the mouth, as it is at once destroyed by the acid of the stomach, and it is practically impossible to administer sufficient alkali to neutralize the excess of acid, and it would, moreover, be unwise, because it would stimulate still further the secretion of the acid. Papoid is of the greatest use here, because its activity is not materially affected by contact with acid.

In gastralgia, which often accompanies the condition just named, papoid, with bicarbonate of sodium, gives immediate relief. On account of its well-marked sedative action, it is also useful in irritable stomach, nausea, and vomiting. In sea-sickness, I have not had an opportunity, as yet, of using it, but I would anticipate decided relief from its administration. In gastric catarrh and the catarrhal conditions

of the intestinal tract, popularly known as biliousness, papoid administered in hot water fifteen minutes before meals, or upon rising in the morning, cleanses off the mucus and places the mucous coat of the digestive organs in a good condition for secretion. Constipation, especially in children, is often caused by imperfect digestion. In infants, for instance, the presence of antiseptic agents make it useful in the treatment of irritative diarrhœa in young children, to whom it may be given in combination with salol or salicylate of bismuth. In apepsia of young children, or in that form of deficiency of the gastric juice in adults due to atrophy of the gastric follicles as the result of chronic catarrhal processes, the glycerin



the fæcal masses consist largely of casein. Here, a digestive agent is the rational remedy to administer, and, in fact, I have used papoid with good results in just such cases, even in very young infants. On account of its sedative action, it is very efficient for the relief of colic in infants, as well as persistent vomiting. Its antiseptic action and its ability to digest in solution of papoid (1 to 20) is especially effective. It is permanent and retains its activity for a long time, whereas watery solutions should be freshly made or they will not keep their digestive power. (This may possibly be explained on the ground that in the presence of water, papoid, being an albuminoid body, partly undergoes hydration and digests itself.)

Furthermore, as already stated, watery solutions of papoid, like other albuminous fluids, are apt to become attacked by bacteria and undergo decomposition after standing for several days.

The uses of papoid in treating disorders of the digestive organs may be summarized somewhat as follows:—

1. In actual or relative deficiency of the gastric juice, or its constituents. (*a*) Diminished secretion of gastric juice as a whole; apepsia; anæmia and deficient blood supply; wasting diseases. (*b*) Diminished proportion of pepsin; atonic dyspepsia; atrophy of gastric tubules. (*c*) Diminution of hydrochloric acid; achlorhydria; carcinoma. (*d*) Relative deficiency of gastric juice; overfeeding.

2. In gastric catarrh. (*a*) Where there is a tenacious mucus to be removed, thus enabling the food to come in contact with the mucous membrane; (*b*) where there is impaired digestion.

3. In excessive secretion of acid. To prevent duodenal dyspepsia.

4. In gastralgia, irritable stomach, nausea, or vomiting.

5. In intestinal disorders. (*a*) In constipation due to indigestion; (*b*) in diarrhœa, as a sedative; (*c*) in intestinal worms. (This claim the writer has not personally verified, but, as the intestinal mucus which shields the worms is removed by papoid, it is easily understood that their removal would naturally result after its administration.)

6. In infectious disorders of the intestinal tract. (*a*) Where there is abnormal fermentation; by its antiseptic action, which may be heightened by conbination. (*b*) Where there are foreign substances present, its detergent effect may be utilized in cleaning out the *débris* from the intestinal contents by digestion.

7. In infantile indigestion; here papoid not only readily peptonizes cows' milk, but the resulting curds are also soft and flocculent, resembling those of breast milk.

The dose of papoid, ordinarily, is 1 or 2 grains, but 5 grains or more may be used, the only objection being that of useless expense and waste; except where very prompt effects are desired, in which case even larger doses of the remedy may be administered. In case of obstruction of the œsophagus by an impacted piece of meat and gristle,—such as has been recently reported,—a paste of papoid and water, with some soda, would produce softening in a very few minutes.—Dr. Frank Woodbury, in *N. Y. Med. Jour.*

THERAPEUTIC NOTES.

CHAPPED HANDS.

℞	Salol, ...	2 parts.
	Menthol, ...	1 part.
	Olive-oil, ...	2 parts.
	Lanolin, ...	60 parts.

For inunction. Apply two to three times daily.—*Ann. de Méd.; Doctors' Weekly.*

PRURITUS

℞	Hydrargyri chlorid. corros.,	gr. j.
	Pulv. aluminis, . . .	gr. xx.
	Amyli, ...	ʒiss.
	Aquæ, ...	ʒvj.

M. Sig.: Apply locally.—Goodell.

J. A. Diggle, L. S. A., of London, Eng., reports two cases of cerebral mischief in young children, caused by school-work, happily relieved by the exhibition of bromidia.

OZÆNA.

Turban treated ten cases of rhinitis atrophicans fœtida with—

℞	Iodol. cryst.,		
	Acid. tannic.,		
	Borac., . .	āā	5.0 (gr. lxxv).

M. f. pulv.

He orders a pinch of this powder to be inserted into each nostril five to six times daily in the beginning; afterward three times daily.

The author employed no other local treatment. Under this powder secretion, crust-formation, and fœtor soon ceased. The cases that proved most favorable were those in which the atrophy was accompanied by hypertrophic spots.—*Therapeutische Monatshefte.*

IODIDE OF STRONTIUM.

This salt has been found an efficient substitute for the iodide of potassium, over which it possesses the advantage of being better tolerated by the stomach.

The indications for the use of iodide of strontium are naturally those of iodide of potassium, in which must be placed cardiac and vascular affections relating to the arterio-sclerosis lesions of the myocardium and inter-

cardiac orifices, asthma, affections of the chest, and in chronic and muscular rheumatism and gout, while in scrofulous manifestations, eczema, and all affections of the skin in which iodide is used, it is distinctly indicated as well as in glandular enlargements of the breast.

It may be advantageously employed in inflammatory conditions, such as pleurisy; peritonitis, simple or tuberculous; pericarditis, peritonitis, and the uncertain forms of pneumonia and pulmonary emphysema.

CREASOTE PILLS.

The dispensing of these pills has caused some difficulty on account of a suitable excipient and the volatility of the remedy. The following method of procedure is pronounced very satisfa tory; it depends upon making first what is called a "creasote emulsion" (50 per cent.) from gelatin, 5 50; distilled water, 12 00; sugar, 2 50; and creasote, 20.00. The emulsion is preserved in tight fitting glass-stoppered bottles. In making pills, the corresponding quantity of the emulsion is taken and made into a mass by the addition of a little powdered liquorice and althæa. The emulsion should be taken from the bottle with a horn spatula, since iron discolors it; the pill mass, however, can be removed from the mortar with an iron spatula.—J. NORBERTO, JR., *Pharm. Post.*

CHLORIDE OF GOLD AND SODIUM.

Chloride of gold and sodium is recommended by Dr. Boubila as a remedy in progressive general paralysis, augmenting the chances of resistance and retarding further development during the period of decline. It is given morning and evening in doses of 2 milligrammes in a potion of 120 grammes. After fifteen days the dose is increased by 2 milligrammes, until 1 centigramme is reached, which is continued for a fortnight. The treatment is then discontinued for a month, after which time it is resumed in the same manner. Under the conditions named these large doses are borne without inconvenience.—*Rev. internat. de Bibl. méd.; Amer. Journ. Pharm.*

DERMATOL.

At a meeting of the Spanish Medico-Chirurgical Academy, Azua gave an account of his experience of dermatol in surgical practice. Even when employed in large quantity he said it does no harm; applied to bloody surfaces it dries them in a wonderful manner; it stimulates granulations, and is particularly useful in skin affections, such as eczema, which are characterized by much discharge, and if dermatol is applied to wounds which have already begun to granulate it greatly stimulates the process; and similarly in the case of soft chancres, after the ulcers have been cleansed with antiseptic lotions, dermatol hastens repair and brings about rapid and thorough healing.

In diseases of the skin, Azua thinks that dermatol, with its drying and astringent properties, its absolute harmlessness, and the ease with which it can be used, may advantageously replace starch powder, oxide of zinc, etc. It is also useful in affections of the female genitals.—*Revista de Med. y Cir. Pract.*

ULCER OF THE STOMACH.

As the gastric juice is, in this disease, usually abnormally acid, Professor Ewald tries to neutralize it by the hourly exhibition of small doses of an alkali combined with rhubarb and cane- or milk- sugar. He has seen fairly good results from the following powder:—

℞ Magnes. ust.,		
Sodii carbonat.,		
Potass. carbonat.,	āā	gr. lxxv.
Pulv. rad. rhei.,		ʒiiss.
Sacch. lactis,		ʒvj gr. xv.

M. Sig: A large pinch, dry on the tongue, every hour.—EWALD: "The Diseases of the Stomach," p. 272.

SALOPHEN IN ACUTE RHEUMATISM.

Dr. William H. Flint reports good results from the use of this remedy. He gave it in 15 grain doses, dry upon the tongue and swallowed with cool water, every three hours, and also gave sodium bicarbonate in 10 grain doses, administered in the same way, thrice daily. The pains were quite relieved, the redness dispelled, and the temperature reduced to the normal point on the second and third day of treatment. In none of the cases was the heart's action at all weakened, nor was the digestion impaired by the remedy. The urine was unaffected by the treatment.

BICHROMATE OF POTASSIUM AS AN EXPECTORANT.

Dr. Jos. H. Hunt writes in the Brooklyn Medical Journal that he has been using this salt for the last fifteen years in catarrhal conditions of the respiratory mucous tract. In medicinal

doses it is practically tasteless. He generally employs a triturate of one part of bichromate of potassium with nine of sugar of milk, and dissolves it in water at the bedside. Lately tablets have been made with this triturate, each tablet containing $\frac{1}{60}$ grain, which is a minimum dose for a child 1 year old. It should not be given soon after the child has taken milk. He generally gives it to a year-old child in $\frac{1}{20}$-grain doses, at first at frequent intervals when the symptoms of suffocation are distressing or the breathing very rapid. He gives a dose every fifteen or thirty minutes until he sees some amelioration of the symptoms, and then diminishes in frequency to one-hour intervals. Trituration seems to make it less irritant to the stomach.

CYSTS AND ABSCESSES.

In these affections Dr. O. A. Hyde, of New York, advocates the injection, through a small incision into the cavity, of a solution composed of:—

℞ Papoid, . . . 15–20 grms.
Sodii bicarb., . . . 5–10 grms.
Aquæ, ... 100 c.c.

The injection is allowed to remain from one to eight hours, is then pressed out of the sac and a strong solution of peroxide introduced to thoroughly clean the cavity.—*Med. and Surg. Reporter.*

SULPHONAL-PHENACETIN IN EPILEPTIC INSOMNIA.

Dr. J. G. Kiernan, of Chicago, reports several cases of epileptic insomnia benefited by the use of the following:—

℞ Phenacetin, . . . gr. xlviij.
Sulphonal, . . . gr. xlviij.
M. Ut. ft. cap. no. xii.
S.: One at 6, 8, and 10 P.M.—*Med. Standard.*

RICKETS.

Goliner (Allgemeine medicinische Central-Zeitung) used lime-iron-manganese peptone-chocolate tablets, made by Keysser, of Hanover, in fifteen cases of rachitis in children between 2 and 6 years of age.

This combination is dispensed in boxes of 5 plates, each divided into 9 tablets, one of which is given the child after each meal.

After six weeks of use of these tablets, there was increase of weight and decrease of the rachitic manifestations.

The chocolate is no small factor in the treatment, as it is a valuable dietetic means; it usually incites appetite, removes intestinal catarrhs, and furthers nutrition.

After using the above tablets for six weeks, the author prescribes iron manganese-peptone-chocolate without lime, for six to eight weeks. These tablets are made and dispensed like those above described.—*Condensed Extracts.*

CHRONIC CONSTIPATION.

℞ Aloin,
Ext. nuc. vom.,
Ferri sulph.,
Pulv ipecac.,
Pulv. myrrh.,
Pulv. saponar., . āā gr. ss.
M. ft. pil no. j.
Sig.: One pill before each meal.—*Giorn. di farmacia e di chemica.*

ANTISEPTIC POWDER.

Championnière recommends:—

℞ Iodoform,
Powdered benzoin.,
Powdered quinine,
Carbonate of magnesium,
saturated with essence of
eucalyptus, . . āā equal parts
by weight.—*La Méd. Moderne.*

FISSURE OF THE NIPPLE.

For fissure of the nipple, Scarff gives the following formula:—

℞ Balsami Peruv.,
Tinct. arnicæ, . āā 2.00 grms.
Olei amygdalæ dulc., . 30.00 grms.
Liq. calcis, . . . 15 00 grms.
M. Sig.: Anoint the fissures after each nursing.—*Les Nouveaux Remedies.*

ACUTE GOUT.

Professor A. L. Loomis prescribes:—

℞ Pulv. ipecac., . . . gr. j.
Ext. colchi acet., . . gr. j.
Calomel, ... gr. j.
Ext. aloes, . . . gr. j.
Ext. nux vom., . . . gr. ¼.
Ft. pil.
Sig.: One every three hours until the specific purgative action of colchicum is obtained.—*Doctors' Weekly.*

CROUP.

Dr. Bonain, of Brest, advises the subcutaneous injection of a mixture consisting of—

℞ Essence of turpentine, . 2 grms.
Liquid vaselin, . . . 10 grms.

The dose is 2 c.c., or ½ drachm.—*Revue de Laryngol.*, etc.

TOOTHACHE WAX.

The following formula represents a preparation which has been introduced lately, and is regarded with favor in Germany, where it originated:—

℞ White wax,	30 parts.
Venice turpentine,	12 parts.
Mastic, powdered,	5 parts.
Opium, powdered,	3 parts.
Chloral hydrate,	2½ parts.

Mix, according to art.

A preparation containing pellitory as an active ingredient has been used to some extent in this country. It reads thus:—

℞ Pellitory, powdered,	1 part.
Mastic, powdered,	1 part.
Sugar, powdered,	1 part.
Chloroform,	q. s.

Make this into a paste with sufficient chloroform, and at once put into a stoppered bottle. —*Pharm. Record.*

TAPE-WORM.

Kaiser uses the following mixture:—

℞ Croton-oil,	♏j.
Chloroform,	♏ij.
Castor-oil,	℥j.

—*Therap Gaz.*

SULPHONAL-PHENACETIN IN EPILEPTIC INSOMNIA.

Dr. J. G. Kiernan, of Chicago, reports several cases of epileptic insomnia benefited by the use of the following:—

℞ Phenacetin,	gr. xlviij.
Sulphonal,	gr. xlviij.

M. Ut. ft. cap. no. xij.

Sig.: One at 6, 8, and 10 P M.—*Med. Stand.*

FRAGRANT CREAM.

℞ Flaxseed,	℥ij.
Water,	f℥iss.
Salicylic acid,	gr. ij.
Glycerin,	℥xiiss.
Alcohol,	f℥iiss.
Carbolic acid,	f℥j.
Cologne water,	f℥iss.

Make a mucilage by macerating the flaxseed in the water for three days, with frequent shaking; then strain through muslin; dissolve the salicylic acid in the alcohol and add with remaining ingredients to the glycerin; shake well and let stand for twenty four hours, and strain again through muslin, and bottle. Quince-seed mucilage may be substituted to advantage for the flaxseed and water.—*Pharm. Record.*

PHENOSALYL, A NEW ANTISEPTIC FLUID.

Phenosalyl is the name given to a mixture composed as follows:—

℞ Carbolic acid,	9 parts.
Salicylic acid,	1 part.
Lactic acid,	2 parts.
Menthol,	1-10 part.

Solution is effected by melting the ingredients together. Phenosalyl is very soluble in glycerin; soluble in 25 parts of water. The comparative tests made with this product, according to the methods of von Yersin, have shown it to be specially antagonistic to the bacillus of anthrax—*staphylococcus aureus* (Pharm. Zeit.). The antiseptic properties of the mixture are more than double that of any of its constituents, but are considered inferior to those of corrosive sublimate.—*Pharm. Record.*

ASTHMA, ESPECIALLY WHEN COMBINED WITH DIGESTIVE DISTURBANCES.

The following is recommended (Lo Sperimentale):—

℞ Strychniæ sulphat.,	mgrms. 10–20.
Pulv. ipecacuanhæ,	cgrms. 30.
Piper. nigr. in pulv.,	cgrms. 30.
Ext. gentianæ,	grms. 1.5
Essent. pervinca,	gtt. 1.

M. Sig.: Sufficient for twenty pills. One after each meal.—*Med and Surg. Rep.*

ENLARGED PROSTATE.

Dr. H. Knapp, of Lathrop, Cal., writes to the Medical World that in his own case he has obtained decided relief from a preparation known as "sanmetto," a combination of santal and saw-palmetto. He states that the remedy is pleasant to take and that the dose is a teaspoonful three times a day.

EXALGINE POISONING.

A. Lockhart Gillespie (Edinburgh) communicates notes of a severe case of exalgine poisoning (Medical Press). The patient, aged 23 years, took four doses of exalgine (methylacetanil de) in the course of the day (about 36 grains in all) for the relief of toothache.

When seen, about midnight, he was lying insensible, with rigid neck and retracted head; widely dilated, sluggish pupils; quiet, deep breathing; and a pulse of 90, of good tension. Soon after he became more sensible and complained of hammering inside the head. Speech was indistinct, and he could not move the trunk or limbs voluntarily. Every few min-

utes there was a convulsion, beginning with "risus sardonicus" and groaning, followed in order by violent rolling of head and neck, spasm of cervical muscles, rigidity of both arms, and spasmodic contractions of abdominal muscles, the legs being barely affected. Tapping the head caused pain and brought on a convulsion, as did pricking the arm.

During the paroxysms the pain over the vertex was almost unbearable. At 1 A M ¼ grain of morphine was injected, cold cloths applied to the head, and an hour later two purgative pills were taken. A little later he became more paralyzed and the convulsions more frequent. Of superficial and deep reflexes the cremasteric alone could be elicited.

The patient still complained of intense headache, inability to see, and total anæsthesia. As the pupils contracted the fits became less frequent. At 4.15 A.M. he was quieter; breathing central, almost Cheyne-Stokes. Pupils contracted, anæsthesia still universal. Urine presented no special features. He had a few spasms of muscles during the earlier part of the day; toward evening the anæsthesia was passing off. The excitement consequent on the visit of some friends determined a slight return of convulsions and anæsthesia during the night. The removal of the offending tooth on the following morning gave rise to a few slight convulsions, after which recovery was rapid. Temperature remained down throughout.—*Am Journ. Med. Sci.*

CATARRH OF THE STOMACH.

℞ Infusion of rhubarb-root, 180.00 grms.
Sublimated resorcin, . 3 00 grms.
Bicarbonate of sodium, . 8 00 grms.
Peppermint-water, . 10.00 grms.
M. and place in a dark bottle.
Sig.: A tablespoonful every hour.—*Med. and Surg. Rep.*

DILUTE HYDROBROMIC ACID.

Dilute hydrobromic acid (15-20 minims) is prescribed by Dr. B. W. Richardson with digitalis infusion (½ ounce) for noises in the head, with throbbing —*Merck's Bulletin.*

DYSMENORRHŒA.

Liegeois recommends:—

℞ Chlorhydrate of ammonia, 300 grms.
Water, ... 6 grms.
M. Sig.: A dessertspoonful, night and morning, before the arrival of the period.—*Med. and Surg. Rep.*

MALARIAL CACHEXIA.

Dr. J. H. Loving writes to the Texas Courier-Record of Medicine that he has found the following excellent for malarial cachexia:—

℞ Cupri sulphatis, . . gr. ij.
Strychnin. sulphatis, . . gr. j.
Ferri sulphatis, . . . ℥j.
Quinin. sulphatis, . . ℥ss.
Acidi sulphurici aromatici, . q. s.
Aquæ, . . q.s. ad ℥iv.
M. Sig.: A teaspoonful three times a day for five or six weeks.—*Weekly Med. Rev.*

BALDNESS.

℞ Pilocarpinæ hydrochloratis, gr. v.
Otto de rosæ, . . . ♏viij.
Olei rosmarini, . . . f℥iv.
Linimenti cantharidis, . f℥iv.
Glycerini puri, . . . f℥j.
Olei amygdalæ dulcis, . f℥ij.
Spiritus camphoræ, . . f℥iij.
M. Sig.: To be rubbed well into the scalp, night and morning.—*Ther. Review.*

DIURETIN.

Recommended in the dropsy of scarlatinal nephritis by M. Demme, Professor of Pediatrics, to the Faculty of Medicine of Berne, as follows:—

℞ Diuretin, ... gr. xxij.
Distilled water, . . . ♏ij.
Brandy, ... gtt. x.
Sugar, ... gr. xl.
M. Sig.: To be taken in the course of the twenty-four hours, in doses of one tablespoonful. —*Memphis Med. Monthly.*

RHUS AROMATICA IN DIABETES.

According to an exchange, the fluid extract of rhus aromatica is an astringent diuretic, and will often cure what is believed to be an incurable diabetes. The amount of urine is steadily decreased, the inordinate thirst is relieved, and every function of the body is thereby improved. It is the remedy for hæmorrhage from either the kidneys or bladder.—*Notes on New Remedies.*

CORYZA.

℞ Naphthalin in an impalpable powder, . . . ℥vj.
Powdered boric acid, . . ℥vj.
Powdered camphor, . . gr. xv.
Extract of violets, . . gr. xv.
Essence of roses, . . gtt xx.
Sig.: Mix and use as a snuff in coryza.—*L'Union Médicale; Therap. Gazette.*

AMENORRHŒA.

℞ Tr. pulsatilla, . . . ℥ss.
Tr. cimicifugæ, . . . ℥j.
Tr. belladonnæ, . . . gtt. xv.
Fld. ext. polygon. hydroprip., ℥iij.
Elix. simplicis, . . q s. ad ℥iv.

M. S.: Teaspoonful every three or four hours.—*Am. Med. Journal.*

HOARSENESS.

Dr. Whitla recommends:—

℞ Acid. tannic., . . . ℥j.
Pulv. sodii biborat., . . ℥j.
Tinct. capsici, . . . f℥ss.
Aquæ rosæ, . . . f℥x.

M. Sig.: To be used frequently as a gargle.—*Med. and Surg. Rep.*

ACUTE GASTRITIS, DYSPEPSIA, ETC.

℞ Pure hydrochloric acid,
Sublimated resorcin, āā 2.00 grms.
Syrup of orange-peel, . 20.00 grms.
Distilled water, . . 178.00 grms.

M. and place in a dark bottle.
Sig.: A tablespoonful every two hours.

FURUNCLES.

Dr. Craig recommends:—

℞ Tinct. ferri chlor., . . gtt. xv.
Liquor potassi arsentis, . gtt. iij.
Aquæ, ... f ℥ss.

M. Sig.: Take at a dose after each meal.

Use locally carbolized camphor, and a poultice when there is much inflammation. Also give small doses of Epsom salts to prevent constipation.—*Brooklyn Med. Jour.*

CATARRHAL AFFECTIONS.

An excellent cleansing and disinfecting solution for free use in the nasal cavities, by means of the spray apparatus, douche, or syringe, is prepared as follows:—

℞ Acidi boracici, . . . ℥j.
Sodii boras, . . . ℥j.
Sodii chloridi, . . . ℥ss.
Listerine, ... ℥ij.
Aquæ puræ, . . . ℥vj.—M.
—*Pacific Rev; Med. and Surg.*

CHRONIC CYSTITIS

℞ Fluid extract of corn-silk, . ℥iv.
Fluid extract of eucalyptus, ℥ij.
Simple elixir, . . . ℥ij.

M. Sig.: Teaspoonful, t. i. d.—DR. H H. BARRETT, of Smicksburg, Pa., in the *Medical World.*

LITHIASIS, WITH GASTRIC PAIN.

Dujardin-Beaumetz prescribes:—

℞ Sat. chloroform-water, . ℥iij.
Syrup of orange, . . . ℥j.
Simple syrup, . . . ℥j.

M. Sig.: A dessertspoonful every fifteen minutes until the pain is relieved.—*Therap. Gaz.*

CAVAZZANI'S ANTISEPTIC POWDER.

To improve upon the antiseptic virtue of iodoform and at the same time to diminish tendency to cause bleeding, Cavazzani (Wein Med. Presse) has devised the following:—

℞ Iodoform, ... 55 parts.
Salicylic acid, . . . 20 parts.
Bismuth subnitrate, . . 20 parts.
Camphor, ... 5 parts.

This mixture has proven an excellent disinfectant and stimulant in cases of bubo. Its use must be suspended every fifth or sixth day, iodol being employed instead.

FOR GONORRHŒA IN WOMEN.

For gonorrhœa in women, apply nitrate of silver in strength of gr. x to ℥j to the cervix. Then apply a dry powder composed of iodoform, iodol, or aristol, 1 part; boric acid, 2 parts; zinc oxide, 1 part.—GLASGOW; *Med. Fortnightly.*

TONIC PREPARATIONS.

Regis recommends the following:—

℞ Vin. kola.,
Vin. cinchonæ,
Vin. gentian.,
Vin. colombo, . . āā ℥j.
Liq. kali arsenit., . . gtt. xx.
Tinct. nucis vomic., . . gtt. x.

M. Sig.: A liqueur-glassful twice daily before meals.—*Med. Rev.*

FOR ASTHMA AND EMPHYSEMA.

Cigarettes made of bibulous or unsized paper, previously dipped into a mixture of the following, are recommended by Professor Steer:—

℞ Stramon. foliæ, . . . 48 gr.
Hyoscyami foliæ, . . 48 gr.
Belladonnæ foliæ, . . 96 gr.
Extract opii, . . . 4 gr.
Extract tobacco, . . 80 gr.
Potass nitratis, . . . 120 gr.
Sodii arseniat., . . . 320 gr.
Aquæ, ... 1 pint.

M. Sig.: Filter through paper. It is then ready for use as above.—*Med. Fortnightly.*

HYPERIDROSIS.

The following formulæ are from Brocq:—

1. ℞ Naphthol, ... 5 parts.
   Glycerin, ... 10 parts.
   Alcohol, ... 100 parts.

M. Sig.: Apply locally twice a day, after which a powder composed of 2 parts of naphthol and 180 of starch is placed between the toes.

2. ℞ Permanganate of potass., . 3 grms.
   Talc, ... 40 grms.
   Subnitrate of bismuth, . 45 grms.
   Salicylate of sodium, . 2 grms.
   Rice-powder, . . . 60 grms.—M.

Or,

3. ℞ Permanganate of potass., . 10 grms.
   Talc, ... 5 grms.
   Subnitrate of bismuth, . 25 grms.

M. Sig.: Either powder to be applied every morning.

4. ℞ Permanganate of potash, 1.00 grm.
   Thymol, ...30 cgrms.
   Distilled water, . 100 00 grms.

Wear soles made of paper, felt, or muslin, soaked in this solution and then dried. Change them every day, and powder with a preparation containing permanganate.

5. ℞ Sulphate of quinine, . . 5 parts.
   Alcohol at 60°, . . . 100 parts.
   Tannin, ... 1 to 3 parts.
   Alcohol at 50°, . . . 250 parts.

M. Sig.: Apply after the feet have been washed, to be followed by this powder:—

6. ℞ Salicylic acid, . . . 3 parts.
   Starch, ... 10 parts.
   Pulverized talc, . . 87 parts.
   Pulverized alum, . . 45 parts.

7. ℞ Perchloride of iron, . . 30 grms.
   Glycerin, ... 10 grms.
   Essence of bergamot, . 20 drops.

M. Sig.: For two days previously the feet are to be washed with a cold infusion of walnut-tree leaves, and on the third day the above mixture is applied.

8. ℞ Tinture of belladonna, . 25 grms.
   Cologne water, . . . 120 grms.

M. Sig.: Two or three frictions per day.

A PALATABLE CHLORALAMID MIXTURE.

℞ Chloralamid, . . . ℥ij.
Tr cardamom. co., . . ℥j.
Misce bene et adde
Syr. aurantii,
Syr. rubi idæi, . . āā ℥ss.

M. Sig.: From one-half (½) to one tablespoonful repeated.—Dr. James Wood, of Brooklyn, N. Y., in *Brooklyn Med. Journal.*

TINNITUS AURIUM.

In addition to the local treatment, Dr. J. Hobart Egbert, of St. Louis, makes use, with advantage, of a mixture composed of—

℞ Chloralamid, . . . ℥iv.
Solve in
Alcohol., ... ℥j.
Spir. frument., . . . ℥j.
Adde
Tr. capsic., . . . ℥ss.
Tr. zingiber., . . . ℥ij.
Tr. cinchon. comp., . . ℥ij.
Syr. simplicis, . q.s. ad ℥vj.

M. Sig.: A teaspoonful after meals.

ASTHMA.

℞ Ext. euphorbiæ piluliferæ, . ♏iij.
Nitro-glycerin, . . . gr. $\frac{1}{200}$.
Sodii iodidi, . . . gr. ij.
Potass. bromidi, . . . gr. ij.
Tr. lobeliæ, . . . ♏ij.

M. Sig.: To make one dose, which may be doubled or tripled and used three times a day.—*Therapeutic Gazette.*

THIOL.

Thiol is recommended for constipation. A pill of a grain and a half is given daily for ten days.

MEMORIZING DOSES.

Dr. G. A. Wiggins gives the following rules:—

1. The dose of all infusions is 1 to 2 ounces, except infusion of digitalis, which is 2 to 4 drachms.

2. All poisonous tinctures 5 to 20 minims, except tincture of aconite, which is 1 to 5.

3. All wines, from ½ to 1 fluidrachm, except wine of opium, which is 5 to 15 minims.

4. All poisonous solid extracts you can give ½ grain, except extract of calabar bean, which is $\frac{1}{16}$ to ¼ grain.

5. All dilute acids, from 5 to 20 minims, except dilute hydrocyanic acid, which is 2 to 8 minims.

6. All aquæ, from 1 to 2 ounces, except aqua laurocerasus and aqua ammonia, which are 10 to 30 minims.

7. All medicated syrups you can give 1 drachm.

8. All mixtures, from ½ to 1 fluidounce.

9 All spirits, from ½ to 1 fluidrachm.

10. All essential oils, from 1 to 5 minims.—*Pharm. Record.*

ANTIPYRIN A HÆMOSTATIC.

Dr. F. C. Ford, of Nacodoches, Texas, says that antipyrin is a prompt styptic, and can be relied upon to arrest hæmorrhage when other remedies fail. He made the discovery recently; being called upon to remove a small vascular tumor in the mouth, an apparently insignificant matter, he had difficulty which he did not anticipate in stopping the blood. He touched it first with a point of nitrate of silver and it had no effect; he then applied antipyrin, in powder, with the result as stated, of immediately arresting the flow.—*Daniel's Texas Med. Journal.*

AMENORRHŒA.

Professor Lutaud, of Paris (Manuel des Maladies des Femmes), recommends the following formulæ in amenorrhœa:—

1. ℞ Extr. nucis vomicæ, . . 1.50 grms.
   Ferri arseniat., . . . 6.5 dgrms.
   Mangan. sulphat. sic., . 12.0 grms.

Sufficient for one hundred pills. Three pills a day.

2. ℞ Ferr. et potass. tartrat., . 5 grms.
   Extr. artemesiæ,
   Extr. absinth., . . āā 2 grms.
   Aloes, ... 1 grm.
   Essent anisi, . . . q s.

Sufficient for fifty pills. Two pills after each meal.

As an emmenagogue:—

3. ℞ Pulv. indigo, . . . 30 grms.
   Pulv. artemesiæ, . . 15 grms.
   Pulv. zinziber.,
   Pulv. valerian.

Use raspberry syrup sufficient to mix well; add honey as much as is desired. Two to four coffeespoonfuls two to four times a day.

In chlorotic amenorrhœa:—

4. ℞ Ferr dialyzat.,
   Aq cinnamon, . . āā 50 grms.

A dessertspoonful two or three times a day.—*Med. and Surg. Rep.*

A RESOLVENT GLYCEROLE.

L'Union Médicale for December 24. 1891, recommends the following prescription as an application to be placed over strumous glands at the same time that codliver-oil is taken internally with a tonic and stimulant treatment:—

℞ Iodoform, ... gr. xxx.
Balsam of Peru, . . . ℥iss.
Glycerin, ... ℥vj.

GASTRALGIA.

℞ Valerianate of bismuth,
Subnitrate of bismuth, āā ℥ss.
Ext. nux vomica, . . gr. vij.
Ext. gentian, . . . q. s.

Sig.: Make fifty pills. Coat with gelatin if desired (capsules). Two to four pills a day.—*Annales de Médecine.*

BENZOATE OF BISMUTH.

This salt is prepared by M. Vigier as follows:—

Solution No 1.

℞ Crystallized nitrate of bismuth, ... 100 grms.
Glycerin, ... 25 grms.
Distilled water, . . . 60 grms.

Sig.: Dissolve.

Solution No. 2.

℞ Benzoate of soda, . . 76 grms.
Distilled water, . . . 200 grms.

Sig.: Dissolve.

Solutions Nos. 1 and 2 are mixed together in 2 litres of distilled water; when the resulting action is completed, the nitrate of soda is removed by washing, and the precipitate treated with cold water to remove the uncombined benzoic acid.—*Pharm. Record.*

CALOMEL.

Calomel is recommended by Dr. J. B. James, of London, as an excellent topical application for hæmorrhoids. It is said to relieve all pain and uneasiness, and enables the patient to attend to his usual business without inconvenience.—*Med Herald.*

TANNIN DENTIFRICE.

The following is a French recipe for a preparation which is useful as a tooth powder when the gums are spongy:—

℞ Sugar of milk, . . . 32 ounces.
Carmine, ... 150 grains.
Pure tannin, . . . ½ ounce.
Oil of peppermint, . . 20 drops.
Oil of anise, . . . 20 drops.
Oil of orange-flowers, . . 10 drops.

Triturate the carmine with the tannin; add the sugar of milk gradually, and finally the oils.

EMPHYSEMA.

For a case of emphysema of the lungs with bronchial catarrh, Prof. Da Costa prescribed:—

℞ Ammonii iodidi, . . gr. v.
Ammonii chloridi, . . gr. x.
Mist. glycyrrhizæ comp., . ℥j.

M. Sig.: To be taken in water, four times a day.—*Med. Summary.*

THE
Medical Bulletin.

JOHN V. SHOEMAKER. A.M., M.D., Editor.
THE F. A. DAVIS CO., Publishers.
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Philadelphia, Oct., 1892.

THE CHOLERA.

SINCE our last number went to press the epidemic of cholera has spread widely throughout Europe, and has been brought to our gates by means of immigrants coming from infected ports. It is needless to rehearse the story of its route of invasion, which bears a sufficiently close resemblance to that of former visitations. Its starting point this time appears to have been a holy town in Persia, in which numerous Mussulman pilgrims had gathered. From Persia, following the great lines of human traffic, it easily spread into Russia, and thence to other European countries. At length, important sea ports, notably Hamburg, were invaded, and immigrants conveyed the poison on board steam-ships bound for the United States. On some of these vessels a number of deaths occurred among the steerage passengers during the passage.

Desperate efforts were made by the New York authorities to establish an efficient quarantine, but, notwithstanding all precautions, a few cases of undoubted Asiatic cholera have occurred in New York City. There has seemed, however, little disposition to the spread of the disease, and it is to be hoped that the efforts to hold it in check will continue successful. Detention is justifiable—detention is necessary—when the plague has broken out on board ship, but it cannot be asserted that it was necessary to imprison cabin passengers, among whom not a case had occurred, on the same vessel in which steerage passengers had sickened and died. It is strange that the great and wealthy city of New York could not provide more suitable accommodation for ladies and children than that on which the passengers of the *Normannia* tossed up and down the Bay. These people might have conveyed the disease, if allowed to land too soon, but no protection was to be gained by exposing them to the continued danger of a plague ship. The cowardice and brutality of the Bay men are reprehensible to the last degree.

With the refusal of the steam-ship companies to carry any more immigrants, the continuance of supervision, and the approach of cool weather, it may be hoped that we shall, at least, for this year, be spared a general outbreak of the disease. Vigilance, however, will be demanded until the actual onset of winter. Communities are also, fortunately, on the alert, and are prepared, by attention to prophylactic means, the report and isolation of sporadic cases, to protect themselves from the scourge. The Board of Health of this city has had a set of rules drawn up for distribution among the people, especially among those classes by whom instruction is most needed. By continuing these efforts during the fall and winter, an epidemic may be prevented. General apprehension has been allayed, needless alarm has been quieted, but health authorities cannot relax their exertions in this matter until all danger has passed. The comma bacillus does not readily develop at low temperatures; but cholera has, on former occasions, made its appearance in the north during the autumn, and, if the coming winter prove mild, we cannot rely implicitly on the weather to prevent propagation. In any case, the specific organism of the disease can survive the cold season and awake into renewed activity in the spring. Cargoes must be scrutinized, and such dangerous importations as rags destroyed. Vexatious interference with the course of commerce should be avoided, but no monetary considerations must be allowed to jeopardize the safety of the public. The frontiers of the country and of States must be guarded, in order to check the progress of infection from point to point. The necessity of such precautions is shown by the facts of the last epidemic which visited this country. Immigrants, landed apparently in health, journeyed as far as Minnesota and Dakotah, where they were attacked and perished in numbers.

The events of the past month show that this matter of national protection should be placed

in the hands of a National Board. Quarantine regulations should be uniform throughout the country,—precisely the same at New Orleans and San Francisco as at New York; equally active at Detroit, Chicago, and Milwaukee as at Galveston or San Antonio. Plans of defense should be thoroughly thought out, and, at the first menace of danger, all the protective measures known to science should be enforced. The two alien pests to which we are exposed—cholera and yellow fever—will then be unable to gain a foothold upon our shores.

A NEW COCA ALKALOID.

AT the last meeting of the British Medical Association, a paper was read by Dr. Arthur P. Chadbourne, of Boston, Mass., detailing the results of investigations which he had carried on in the Pharmacological Institute of the University of Berlin.* The alkaloid was isolated by Giesel from the leaves of the "small leaved coca-plant" of Java. Its physical and chemical properties were studied by Liebermann, who showed that the substance was benzoyl-pseudo tropeïn, and he considers that the pseudo-tropeïn, which he succeeded in separating, was identical with the pseudo-tropeïn derived from hyoscyamus niger. Instead of the cumbrous chemical designation, the name tropacocaine is offered as a substitute. A hydrochlorate of this base has been synthetically prepared. In his physiological experiments Dr. Chadbourne had the advantage of the assistance of Professor Liebreich and Dr. Langgaard.

Small and repeated doses of tropacocaine cause in frogs a slow development of toxic symptoms. These are marked by a preliminary stage of excitement, during which there is an increase of voluntary and co-ordinated movements. A period of depression follows, the movements become more slow, and co-ordination is gradually lost. Convulsions, either of a clonic or tonic character, follow, and large doses always cause coma. The central nervous system exhibits the same phenomena of stimulation, succeeded by depression. Excessive amounts cause paralysis of the cord. The injection of a 1 per-cent. solution causes complete local cutaneous anæsthesia in less than a minute. The application of the same solution to the eye produces anæsthesia in from one half to one minute. The rate of the heart's action is diminished, and the venous system and auricle become distended with dark blood.

The difference of action between tropacocaine and cocaine on the frog is chiefly quantitative. The latter substance is twice as poisonous as the former, but anæsthesia is occasioned more quickly and probably by a less concentrated solution of tropacocaine. Unexpectedly severe poison is less frequent and recovery is more rapid after the use of tropacocaine.

In rabbits it was found that the symptoms varied less according to the given dose than in frogs, though in rabbits there is a considerable individual variation in susceptibility. This variation is of kind rather than degree. Repeated small doses give rise to cerebral stimulation, followed by a quiet interval, in which motion is less frequent. After this stage, incoordination and convulsions ensue. When large doses are given, the convulsive stage is short, and is rapidly succeeded by coma, failure of respiration, and death. The different parts of the nervous system, beginning with the most anterior, and extending posteriorly, are first stimulated, and afterward depressed. Tropacocaine occasions more quickly complete and, as a rule, more lasting local anæsthesia of the skin than cocaine. The extent of the anæsthesia is, possibly, greater with tropacocaine. Small doses of tropacocaine at first increase the pulse-rate, but there is usually no considerable temporary rise in blood-pressure, like that generally seen after cocaine. When the toxic action on the circulation is limited to the direct influence on the heart and vessels, there is a moderate increase, followed by decrease, in pulse rate, and a very gradual but steady fall in blood pressure. Injection into the jugular vein more or less completely paralyzes the motor ganglia in the heart, and quickly lowers the tonus of the peripheral vessels.

Tropacocaine was used upon patients in the clinic of Professor Schweigger, who, after several months' trial, makes the following comparison between it and cocaine: "The muriate of

* British Medical Journal, August 20, 1892.

tropacocaine causes complete anæsthesia more quickly than a cocaine solution of the same strength. This anæsthesia does not last as long as that produced by cocaine, but a drop or two of the solution can be added, from time to time, and complete anæsthesia thus kept up as long as is necessary." Occasionally it gave rise to slight mydriasis, and, less frequently, to a slight smarting, when first applied. It did not produce ischæmia. It is well adapted for use when foreign bodies are to be extracted from the eye, and for such operations as iridectomy and tenotomy.

THE COMPARATIVE TOXICITY OF THE METALS OF THE ALKALIES AND ALKALINE EARTHS.

AT a recent meeting of the Academy of Sciences, M. Paul communicated the results of his studies of the action of lithium, sodium, potassium, magnesium, calcium, strontium, and barium * The salts employed were the chlorides, as these lend themselves most readily to comparative investigations, but the results have been confirmed by experiments with other salts.

The effects can best be studied by means of hypodermatic injections. Intra-venous injections are objectionable, because they overwhelm the heart. Ingestion by the stomach is unsatisfactory, because often complicated with a purgative action. The experiments were made upon warm-blooded animals (cat, rabbit, rat, guinea pig) and upon different species of frogs The phenomena of intoxication can be more completely observed in the frog, since, in warm blooded animals, death often takes place too rapidly, from asphyxia.

The conclusions announced by M. Binet are as follow:—

1. The most general effect upon the organism of the metallic salts is loss of excitability of the central and peripheral nervous system, and, next, an alteration in the muscular contractility.

2. The latter action is preceded by respiratory and cardiac troubles, which may rapidly occasion death before the development of any other phenomena. This is especially the case in warm blooded animals, among which gastro-intestinal disorders (vomiting and diarrhœa) may be produced, even by subcutaneous injections. Barium and lithium are particularly apt to have this effect.

3. In addition to this general common action, the metals are distinguished among themselves by special characteristics, which permit a relation to be recognized between the nature of the physiological action exerted by the metal and the place which it occupies in chemical classification.

4. The natural group—lithium, sodium, and potassium—occasions arrest of the heart in diastole, motor inertia without contractions. The group calcium, strontium, and barium arrests the heart in systole and tends to provoke contractions. This is especially the case with barium.

5. Calcium is additionally remarkable for its special action upon the central nervous system, creating a condition of torpor with preservation of reflex excitability and sensibility.

6. Magnesium resembles the first group by arresting the heart in diastole, but differs from the other metals by causing a precocious paralysis of the peripheral nervous system. It is, like curare, a paralyzer of motion, but is distinguished from curare by its less speedy effect upon the respiration, and by paralyzing, when given in large doses, the heart and muscles, like all the metallic poisons.

7. According to the intensity of their toxic action, studied in the frog, the alkaline metals and alkaline earths may be classed in the following descending order: lithium, potassium, and barium, very poisonous; calcium and magnesium, much less so; strontium, but slightly toxic; sodium, of scarcely any toxicity. In mammals the order is somewhat different, on account of the preponderance of cardiac and respiratory troubles. Barium is much the most dangerous to these animals. If strontium be taken as the unit of toxicity, that of the other metals may be thus represented: sodium, 0; strontium, 1; magnesium, 2½; calcium, 3; barium, 5; potassium, 7; lithium, 10.

8. There is, therefore, notwithstanding the declaration of Rabuteau, no constant relation between the toxic power of a metal and its

* La Tribune Médical, August 11, 1892.

atomic weight. This relation cannot even be found in the members of the same group. Thus, in the triad lithium, sodium, and potassium, the middle element is the least toxic; and the same is the case in the group composed of calcium, strontium, and barium. We are not able, however, to deduce a general rule applicable to the other triads.

9. The toxicity of the metals may be better determined by taking into account the special tolerance of the organism for sodium, which probably results from its old adaptation to a saline medium, and by appreciating the degree in which the different metals vary, in respect to those conditions of adaptation, by the *ensemble* of their properties.

PRIMITIVE SPLENOMEGALY.

AT a meeting of the Society of the Hospitals, July 29, M. Debove made a communication, for himself and M. Bruhl, relative to what they look upon as a new disease, and call primitive splenomegaly. In their opinion, this disorder should be separated from other hypertrophies of the spleen. It is characterized by enlargement of the organ, progressive anæmia, without an increase in the number of white corpuscles, and without alteration of the lymphatic glands. It may begin insidiously, and, consequently, the organ may already be enlarged at the time of the first examination. At other times the advent of the disease is announced by local phenomena, such as a sense of weight, pain in the left side. At times the pain is so severe as to resemble visceral colic, and, in such cases, is probably due to a circumscribed peritonitis. Finally, the affection sometimes begins with general symptoms, as loss of strength and flesh, pallor, and listlessness.

After an indeterminate duration, the affection reaches a second stage. The spleen has by this time become greatly enlarged,—so much so that it sometimes occupies the entire left half of the abdomen. The form of the organ is preserved, and its consistence is more firm. Upon palpation it feels as hard as wood. The liver is placed a finger-breadth or two above the false ribs, but neither ascites nor jaundice occurs, and the veins of the abdominal wall are not dilated.

The hypertrophied spleen is the cause of functional derangements. A sense of weight, with pulling or painful sensations, are experienced. In some instances the pain assumes the form of an excruciating intercostal neuralgia, and has been so atrocious that splenectomy was advised.

The anæmia of splenomegaly makes its appearance at a very variable period. There is no relation between the size of the spleen and the degree of anæmia. Examination of the blood shows a well marked loss of red cells and a diminution of hæmoglobin. Various derangements of the digestive apparatus have been observed. Hæmatemesis sometimes occurs, and is probably dependent upon congestion of the parts connected with the portal vein. This vomiting of blood is sometimes repeated, and may threaten life by its abundance. The progress of the affection is generally slow, and it may continue for many years,—ten or twelve, for instance. It always terminates in cachexia and death. Splenectomy may, it is thought, remove the symptoms of the disease.

The final period of cachexia is short. At times, œdema of the lower limbs, anasarca, and albuminuria have been met with, the yellowish pallor of cancer being absent. The patient falls into a state of profound marasmus, and death is often preceded by coma.

The treatment is by means of arsenic, in large doses, together with a milk diet. No autopsy has been made, and nothing is known concerning the pathological anatomy of this disease. It seems probable, however, that the hypertrophy is of a fibrous, and not a lymphoid character.

Nothing is known of the etiology. The diagnosis between splenomegaly and leucocythæmia presents no difficulty. The absence of ganglionic enlargements and the evolution serve to distinguish the former from the latter disease.

DR. WILLIAM VON REICHARD not long since celebrated his fiftieth year as a practicing physician. He is the oldest practitioner in Riga, and is 82 years of age.

MEDICAL NEWS AND MISCELLANY.

A CONGRESS of Criminal Anthropology was held at Brussels during August.

PROFESSOR BIERMER, till lately Director of the Medical Clinic, in Berlin, died recently.

THE Second Italian National Congress for the Care of Deaf-Mutes was held at Genoa from the 1st to the 6th of September.

THE Library of the American Medical Association is to be moved to Chicago and placed in charge of the Newberry Library.

THE Hospital Journal, of Botkin, Russia, is to be edited by Prof. Jul. Tschudowski and Dr. S. W. Possadski.

DR. CH. TALAMON, editor-in-chief of our valued exchange, La Médecine Moderne, has been made Chevalier of the Legion of Honor.

THE Chicago Medical College is making arrangements for the adoption of an obligatory four years' course of instruction.

THE degree of LL.D has been conferred on Dr. J. M. Keating, formerly of Philadelphia, but now of Colorado Springs, by the Seaton Hall College.

BRUDDER SMIF (before using the unequalled)—Dis am for damdruff on de head.

Ditto (after using)—Ki yi! Dis am d—d rough on de head!

A MEETING of the Anatomical Society of Great Britain and Ireland was held in the Anatomical Theatre of the new buildings of the University of Edinburgh on August 2d.

DR. EUGENE L. CRUTCHFIELD, F S.Sc (London), has been appointed Lecturer on Applied Therapeutics in the Baltimore University, School of Medicine.

THE town of Wiesbaden has conferred its honorary citizenship on Professor Fresenius, the eminent chemist, on the occasion of the fiftieth anniversary of his taking his doctor's degree.

THE Intercolonial Medical Congress of Australasia was held in the grounds and buildings of the University of Sydney, during the week commencing September 26, 1892.

THE Twenty-first Congress of the French Association for the Advancement of Science was held this year at Pau, from September 15th to the 22d.

DR. L. S. MCMURTRIE, the distinguished gynæcologist, of Louisville, Ky., has been elected an honorary member of the British Gynæcological Society. This is indeed a high honor, and one most worthily bestowed.

DR. ROBERT SAUNDBY has been elected Professor of Medicine in the Queen's Faculty of Medicine, Mason College, Birmingham, in succession to Sir Walter Foster. Mr. Priestley Smith has been elected Lecturer on Ophthalmology in the same college.

LEWIS S. MCMURTRIE, A M, M.D, of Louisville, Ky, has been elected to the chair of Gynæcology in the Hospital College of Medicine, which is the Medical Department of the Central University of Kentucky

THE Chicago Medical Recorder, edited by Dr. Archibald Church, and previously published by W. T. Keener, of Chicago, is now being published by that well-known house, the M. H. Kauffmann Medical Publishing Company.

A NEW CAUSE OF MEASLES.—An English health officer recently received the following note from one of the residents of his district: "Dear sir, I beg to tell you that my child aged eight monts is suffering of measles as required by Act of Parliament."

THE colleagues of the late Sir William Aitken, M.D., F.R.S., who served with him in the course of the thirty years during which he held the appointment of Professor in the Army Medical School, are taking steps to erect a tablet to his memory in the chapel of the Royal Victoria Hospital at Netley.

THE annual meeting of the Austrian food analysts and microscopical experts will be held this year at Vienna, between October 15th and 20th. The committee entrusted with the preparation of a "Codex Alimentarius" is making progress with its task.

DR SAMUEL S. ADAMS has accepted the Professorship of Clinical Pediatrics in the Medical Department of Columbian University, Washington, D. C., having resigned from the chair of Theory and Practice of Medicine in the National University of Washington City.

MRS SPRIGGS—How careful your little boy is of his health. My boy is constantly running out, and in all sorts of weather, without overcoat or overshoes, no matter what I say. How do you manage?

Mrs. Briggs—When my boy catches cold I give him codliver-oil.

DR. BAELZ, who was one of the professors in the Medical Department of the Japanese University for many years, has left for his native country (Germany), as the term of his engagement at the University had expired. He is, however, expecting to return to Japan to practice, and therefore does not resign his membership in the central Sanitary Assemblage of the Home Department.

Owing to a lack of funds, the Cincinnati Hospital has been compelled to close the venereal and ophthalmic wards.

Professor von Ziemssen, of Munich, editor of the well-known Cyclopædia of Medicine, has had the Star and Cross of a Commander of the Franz Josef Order conferred on him by the Emperor of Austria.

The Alumni of the Medical College of South Carolina (Charleston) have organized an association, and will establish and equip a laboratory of biology and pathology. Dr. Eugene Wasden, of the Marine Hospital Service, is President, and Dr C. B. Calson, of Charleston, is Secretary and Treasurer.

The Mississippi Valley Medical Association will hold its eighteenth annual session at Cincinnati, Wednesday, Thursday, and Friday, O tober 12. 13, and 14, 1892, under the presidency of Charles A. L. Reed, M D , Cincinnati. An excellent programme, containing the best names in the valley and covering the entire field of medicine, will be presented.

Tried it on the Cat.—A story comes from a Connecticut town that, a physician in attendance on an old lady being rather youthful, other old ladies were suspicious of his prescription, and concluded to try a dose of it on the cat. It so happened that the medicine contained strychnine, in proper dose for an old lady, but in too large a dose for a cat, that animal being, it is said, particularly sensitive to the drug. The unfortunate cat died, and the state of mind of the patient and her friends can be imagined. When the doctor called ag in he tried to explain, but finally gave up and fled.

Rush Medical College —Dr. Charles Warrington Earle has been called to the chair of Obstetrics and Diseases of Children in Rush Medical College, recently made vacant by the death of the late Professor Knox. Dr. A. C. Cotton has been elected Clinical Professor of Diseases of Children.

Dr. W. Thornton Parker has accepted the invitation of the Faculty of the College of Physicians and Surgeons, Chicago, to deliver the course of lectures on Medical Jurisprudence during the approaching session (1892–93).

Prof. Gottlieb Gluge, of Brussels —Dr Gottlieb Gluge, of Brussels, one of the oldest of microscopists and pathologists, lately celebrated the completion of his eightieth year. As a proof how keen his interest in the progress of science continues to be, may be mentioned a communication on the microbes of suppuration presented by him to the Belgian Academy of Medicine in 1891.

Queen's University, Toronto.—It is said that the staff in the new Medical Faculty of Queen's University, which has absorbed the Royal College of Physicians and Surgeons of Kingston, will be as follows: Medicine, Drs. Fowler (Dean), Henderson, and Herald; Surgery, Drs. Sullivan and T. Dupuis; Anatomy, Drs. Garrett, Mundell, and Ryan; Obstetrics, Dr. K. N. Kenwick; Pathology, Dr. Anglin; Otology, Laryngology, etc., Dr. Connell; Biology and Physiology, Dr. Knight and Dr. Cunningham; Chemistry, Profs. Goodwin and Nicol.

The Jenness Miller Illustrated Monthly is published at 114 Fifth Avenue, New York. The publishers state their intention of making this the great family magazine of America. Its literary features will be well attended to, and will contain much of interest, especially to women. The subscription price is $1 a year. The publishers promise to give away a $1 Union suit of woman's underwear with each $1 yearly subscription to the Magazine

The State Society of Arkansas elected the following officers at its late meeting: President, J. T Jelks, Hot Springs; First Vice-President, A C. Jordan, Pine Bluff; Second Vice-President, J. C. Wallis, Arkadelphia; Third Vice-President, J. W. Case, Batesville; Fourth Vice-President, G D. Huddleston, Lamar; Secretary, L P. Gibson, Little Rock; Assistant Secretary, W. B. Lawrence, Batesville; Treasurer, A L. Breysacher, Little Rock; Librarian, R. B. Christian, Little Rock.

Decision Against the Toledo Medical College —This institution has been placed by the Illinois State Board of Health upon the list of Colleges not in good standing for the purposes of the Illinois Medical Practice Act. Any diploma from the college issued subsequently to the session of 1891 will not be received as a basis for the State Certificate entitling the holder to practice in the State of Illinois. The presentation of such diploma must be supplemented by an examination before the Board of the graduate presenting the same.

Professor Verneuil has, on the ground of advancing years, resigned the chair in the Paris Faculty of Medicine which he has so long occupied with such advantage to the school and such honor to himself. We venture to express a hope that, though the voice of the great teacher may be still, his not less eloquent pen may for many years to come continue to mingle the *utile* of an exceptionally ripe experience with the *dulce* of a literary style as polished and as keen as the knife, which no surgeon could wield more deftly than he.

We learn from the Revue Medico-Pharmaceutique that the Pharmaceutical Society of Constantinople has been revived, after a lapse of ten years.

Dr. William Henderson, Professor of Clinical Medicine in the Royal Medical College at Kingston, Ont., died, August 14th, from Bright's disease and dropsy of the lungs.

The Prevention of Tuberculosis.—The Prussian Bureau for medical matters proposes to replace the water in the spittoons of phthisical patients by wood-shavings moistened with water, to which chloride of calcium and chloride of soda have been added. This will obviate all danger of freezing, of evaporation, or spilling, and there need be no fear that domestic animals will use the spittoons as drinking-vessels.

"Henery? W'y, Henery died 'mo's a yeah ago, wid a kyarbuncle."

"My! It's awful how many gits killed on dem kyars nowadays, wid de bilers busting an' a gitten' scrunched 'tween de kyar-buncles."—*Harper's Bazar.*

According to the rules of King's College, a professor is obliged to retire at the age of 65, even although his health and strength be well preserved. As a testimony to his fame and usefulness, however, Sir Joseph Lister has been requested to continue his service in the hospital wards for another year. His duties as a clinical teacher have been transferred to a younger man.

The New York Medical Record states that, in a New York City hospital, a dangerous operation was being performed upon a woman. Old Dr. A., a quaint German, full of kindly wit and professional enthusiasm, had several younger physicians with him. One of them was administering the ether. He became so interested in the old doctor's work that he withdrew the cone from the patient's nostrils, and she half roused and rose to a sitting posture, looking with wild-eyed amazement over the surroundings. It was a critical period, and Dr. A. did not want to be interrupted. "Lay down dere, voman," he commanded, gruffly. "You haf more curiosity as a medical student." She lay down and the operation went on.

The Alvarenga Prize for 1892 has been awarded to Dr R. H. L. Bibb, of Saltillo, Mexico. Dr. Bibb is a Texan, and a former practitioner in Austin. Since his removal to Mexico the doctor has made a close study of leprosy; and the paper to which was awarded this prize by the College of Physicians of Philadelphia was the result of his study and observation for the past ten years in Mexico, where he had every facility for making himself familiar with the disease in all its phases.

Pretty Cousin—"Your friend, Dr. Lancet, passed me down town to-day without even a bow!"

He—"Oh, well, you know he's awfully absent-minded. He's so completely devoted to his surgical practice."

Pretty Cousin—"But that's no reason why he should cut me!"

Bellefonte (Pa.) physicians are puzzled over a barometrical young lady who is amiable in fair weather, becomes ugly as a storm approaches, and is a small cyclone herself about the time for the storm to break. She is, we believe, the only woman whose changes of temper can be foretold with scientific accuracy.

Dr. Sajous Knighted.—Dr. Charles E. Sajous, Belgian Consul in this city, and editor of The Medical Annual, has been appointed a Knight of the Legion of Honor of France by President Carnot, for his services to the French colony and to science, as an American of French descent. Dr. Sajous went to Paris last May to translate his Medical Annual, and he expects to make Paris his home for the next three years.

President Carnot, of the French Republic, has sent a letter to Mons. Louis Vossion, French Consul at this city, asking him to return his (the President's) thanks to the Association Nationale Francaise, and to the French citizens of Philadelphia generally, for their telegram of congratulation.

Fatal Hæmorrhage Caused by a Sloughing Bubo.—A rare case of fatal hæmorrhage caused by a sloughing inguinal abscess is reported by Dr. John Homans, in the Boston Medical and Surgical Journal for July 28th. A man noticed a bubo in the left groin in November, 1891, but would not allow it to be opened. It ruptured on December 8th, a slough separated on January 15th, and there was bloody oozing on March 19th, that became a hæmorrhage on the 21st. The patient insisted on following his occupation from the time the bubo appeared. He was taken to the hospital on the 21st of March, and the femoral artery was ligated on each side of the slough in its wall. Transfusion and stimulants were applied, but he died in two days.

Memorial to the late Professor von Nussbaum.—A bust of the late Professor von Nussbaum, has been placed in the precincts of the University of Munich. At the unveiling ceremonies addresses were delivered by Dr. von Kerchenmeister, President of the Memorial Committee; by the Chief Burgomaster, Dr. von Widenmayer, in the name of the City of Munich; and by General von Bühler in the name of the army. The bust, which is double life-size, is of marble and stands on a granite pedestal.

PROFESSOR HENOCH, of Berlin, has had the order of the Red Eagle, Second Class, conferred on him by the German Emperor, and the Commandership of the Norwegian Order of St. Olaf, First Class, by the King of Sweden and Norway, on the occasion of his jubilee as a Doctor of Medicine.

THE Professorial College of the Medical Faculty of the University of Vienna has unanimously recommended Professor von Krafft-Ebing for the Chair of Psychiatry, in succession to the late Professor Meynert.

PROFESSOR H. KRAUSE, of Berlin, whose name is well known owing to his professional connection with the late Emperor Frederick, has been elected a corresponding member of the American Laryngological Society.

THE Berlin Academy has voted a sum of 800 marks to Professor Wernicke, of Breslau, toward the expense of the revision of his Atlas of cerebral anatomy.

M. HERMANN, Professor of Pathological Anatomy at Lille, has been appointed Professor of Pathology and General Therapeutics in the faculty of Toulouse.

DR. LOUIS J. LAUTENBACH has removed to 1723 Walnut Street, Philadelphia, and intends to limit his practice to diseases of the eye, ear, throat, and nose.

IN the University Medical Magazine Dr. Joseph Leidy reports the case of a man who suffered from three distinct attacks of typhoid fever, the third being followed by four relapses.

DRS. HERVIEUX, LANDOLT, and others have been appointed officers of the Legion of Honor. Drs. Pouchet, Talamon and others have been named chevaliers.

THE honor of knighthood has been conferred upon Dr. George Johnson, F.R.S., Consulting Surgeon to King's College Hospital, and Dr. Frederick Bateman, Senior Physician to the Norfolk and Norwich Hospital.

THERE is a lady in New York who will not permit her children to eat anything of which Indian meal constitutes an ingredient, for fear it will make them savage. She must be the same lady who would not let her children eat spinach for fear it would make them green.

DRACHM OR DRAM.—There has been some discussion among the doctors and druggists as to whether "drachm" or "dram" is the better spelling. Some of the larger drug-stores settle the matter by spelling it "drachm" in the prescription department and "dram" at the rear of the store, or at the soda-water counter.—*Florida Medical and Surgical Reporter.*

TEST FOR ALUM IN BREAD.—According to a writer in the Chemiker Zeitung, a very delicate reaction for this purpose is that given by a 1-per-cent. alcoholic solution of alizarine. It imparts a lively red color to bread which contains alum, while an unadulterated sample merely turns light-brown.—*Meyer Bros.' Druggist.*

THE Twenty-third Session of the Medical Society of Virginia convened at Alleghany Springs, Va., September 13th.

DR. PINARD has been elected a member of the French Academy of Medicine, to take the place of the late Dr. Barthez.

THE decoration of the fourth class of Osmanié has been bestowed by the Sultan upon Dr. S. C. Zavitziano, physician to the legation of the United States at Constantinople.

WE learn from El Siglo Medico that the National Department of Hygiene of Buenos Ayres has determined upon the compilation of a Pharmacopœia for the Argentine Republic. A committee has been appointed for the preparation of the work.

DR. W. E. B. DAVIS, lately associated with Dr. Holmes in the surgical management of the Sanitarium at Rome, Ga., has returned to his former home at Birmingham, Ala., to resume practice with his brother, Dr. J. D. S. Davis.

DR. H. LELOIR, the distinguished dermatologist of Lille, whose scientific mission to Norway in 1884 resulted in the publication of an admirable monograph on leprosy, has now been entrusted by the French government with a similar mission in Roumania, where his duty will be to study various affections of the skin, particularly leprosy, scrofulo-tuberculosis, and certain dermatoses of parasitic origin.

AMERICAN PHARMACY has met with a great loss in the death of Prof. P. Wendover Bedford, of New York, editor and founder of our valued exchange, the Pharmaceutical Record.

THE CHAIRS OF CHEMISTRY AT BERLIN AND WURTZBURG.—The professorship of Chemistry at the University of Berlin, rendered vacant by the death of Prof. A. W. v. Hoffman, has been accepted by Professor Fischer, of Wurtzburg, and it has been reported that the vacancy thus created at Wurtzburg would be filled up by the appointment of Professor Victor Meyer. However, it is now stated in the Apotheker Zeitung that though Professor Meyer has been invited to take the professorship at Wurtzburg he has no intention of doing so, and has not even taken the proposal into consideration. It is also stated that the Grand Duke of Baden has conferred honorary distinctions upon Prof. Victor Meyer and his assistant.—*Pharm. Jour. and Trans.*

We regret the announcement of the death of Dr. Thomas F. Wood, of Wilmington, N. C., of heart disease, on September 22d. He was well known throughout the South as the editor of the North Carolina Medical Journal and as Secretary of the State Board of Health. He had rendered valuable services to the medical profession and to sanitary science. Some years ago Dr. Wood learned that he had aneurism of the aorta. For two years he remained in bed, and he believed that the rest treatment had caused a reduction in the size of the tumor.

Professor Da Costa Retires from Jefferson Medical College.—The Medical News announces that Professor Da Costa will not again take part in the clinical lectures at Jefferson Medical College. When Dr. Da Costa resigned from the chair of the Practice of Medicine he was made, by the action of the Board of Trustees, Emeritus Professor in the department that he had for so many years conducted with such signal ability and distinction, and, upon the invitation of the Faculty, he delivered his usual course of clinical lectures last winter. Dr. Da Costa has now withdrawn from all teaching connection with Jefferson College. He will, however, continue as Visiting Physician to the Pennsylvania Hospital, and in connection therewith will deliver the usual course of clinical lectures.

Syphilis Among the Ancient Egyptians.—Proksch (Archives F. Dermatologie U. Syphilis) discusses the probable existence of syphilis among the ancient Egyptians. In studying a papyrus containing instructions about the management of a disease known to them as "uxedu" he has identified syphilis. The papyrus gives the treatment for uxedu in the anus, in suppurating wounds, in the mouth, in the eyes, in the bones, in tumors of the head, in the body, in pustules, etc., thus giving an almost complete history of the various situations in which syphilis may manifest itself. The author concludes that the uxedu of the ancient Egyptians is our syphilis.—*Med. and Surg. Rep.*

Epitheliomatous Infection by Contact.—By O. Hamburger (Hospitals Tidende, Copenhagen). The author has collected six cases in medical literature, viz.:—

Three cases of epithelioma vulvæ in which one labium infected the other (L. Mayer, Zweifel, and Hildebrandt, one case each); one case of infection of the mucous membrane of mouth by epithelioma of the tongue (Lücke); a case of cancer of the lower lip infecting corresponding place on the upper lip (v. Bergmann); cancroid of the dorsum of the right hand, in an old woman, leading to infection of the conjunctiva palpebræ of the right eye, produced by rubbing, owing to conjunctivitis of that eye. The author adds one case to the above,—a woman aged 50, suffering for two years from epithelioma of the left labium minum. The tumor was the size of a hen's egg. Two months ago a small epithelioma developed on the right labium minum, in a part always in contact with the growth. Excision; two inguinal glands, the size of walnuts, also removed. The microscopical examination showed typical squamous epithelioma. (Thorkild Roosing, in Centralb. f. Chir.).—*Prov. Med. Journ.*

The Postgraduate says: "Within the present year the wife of a prominent city official, who gets ten thousand dollars a year salary, appeared at one of our public institutions, where the poor, and the poor only, are given medical care, with her child, for whom she sought gratuitous advice. The applicant answered the usual questions, which are carefully asked, as to her husband's income and occupation, before she obtained a ticket. Of course, the questions were not honestly answered. It was only because the attending surgeon of the out-door department found the case a serious one, requiring hospital care, that the mother, being frightened, confessed that she was able to pay if attention could be given at her home.

Acute Leucocytosis Produced by Bacterial Products.—A. A. Kanthock, in the British Medical Journal, found that, after injections of small quantities of sterilized cultures of vibrio Metschnikovii, a considerable rise of temperature occurred,—40.5°–41° C.,—the maximum being reached in two or three hours. Subsequently the temperature gradually fell, and, after eight to ten hours, came down to normal. Examining the blood hourly showed that at first, during the rapid rise of temperature, there is a marked diminution of leucocytes, which persists until the pyrexia has passed its climax, but that about four or six hours after the intra-venous injection the number of leucocytes is greatly, and at times enormously, increased. This leucocytosis reached its height at about the ninth hour, but persists, though in a lesser degree, for forty-eight to seventy-two hours, and at times even longer. By careful microscopical examination, he convinced himself that eosinophile corpuscles in the rabbit are never phagocytic, and, curiously, it is mainly the eosinophile corpuscles which are so markedly increased in this leucocytosis. Indeed, the eosinophile cells were often more numerous than all the other classes taken together. The eosinophile cells are almost always more numerous than any other class of leucocytes taken by itself. The transitional and neutrophile corpuscles are increased least, and often not at all. The relation of these studies to phagocytosis is

evident, especially if the same phenomena occur in immunized animals as well as in others.

A JENNER centennial will be celebrated in Washington in 1896.

THE winter problem in northern climates is how to keep the house comfortably warm and yet sufficiently ventilated. The Furman boiler has been designed to fulfill this need. It is made of cast iron, put together with screw-joints; is built in different styles so as to be adapted to heat a building of any size from a small cottage to a large block. It contains extra back-tubes and extra small circulating tubes. Its construction causes it to be economical in the use of fuel; it is easily kept clean and regulated; it can be easily taken apart for transformation. The Furman boiler is made by the Herendeen Manufacturing Company, of Geneva, N. Y., from whom detailed information can be obtained.

THE PRESCRIPTION.—Young Wife—"George, dear; I want some money."

George—"Why, I gave you a check yesterday."

Young Wife—"Yes, dear; but the doctor said I was to have plenty of change."

THE Crawford County Medical Society has adopted the following resolutions:—

WHEREAS, The practice of criminal abortion is steadily increasing, and, in the numerous cases which prove fatal, it is next to impossible to secure the conviction of the guilty party, because the testimony of the female,—who is usually the only available witness in the transaction,—is not received by the courts, whereby the evil-doer not only escapes punishment, but is encouraged in his work; therefore, be it

Resolved, That we petition the Legislature of this State, at the coming session, to enact a law by which the dying declaration of a person, who may die from the effects of a criminal abortion, shall be received as evidence on the trial of any one indicted for such offense, the same as is now done in cases of homicide.

Resolved, That a copy of this resolution be sent to the various county medical societies of the State for concurrent action, and a copy also to each of the medical journals published within the State.

THE British Medical Association reported a balance in its treasury this year of $180,000. Nine hundred and eighty-four members had been added to the association during the past year.

ETHEL—"Ma, I want some water to christen my doll."

Ethel's Ma—"No, dear; it is wrong, you know."

Ethel—"Well, then, I want some wax to waxinate her. She's old enough now to have something done for her."

DR. PHILIP MARKBREITER, founder and for many years editor of Wiener Medicinische Presse, and a popular physician, is dead, at the age of 83.

DOLLY VARDEN—"I'm allowed to sit up till nine o'clock now 'cause I'm six years old."

Freddie Sparkle—"Hah, but I was allowed to sit up all night last night 'cause I had the cramps."

SUICIDE ON ACCOUNT OF REJECTION AT AN EXAMINATION.—The increasing severity of the pass examinations of medical students in Italy multiplies the number of rejected candidates, some of whom have been found to put an end to their studies and even to their lives. A deplorable case of the latter, "desertion of the post," as Plato puts it, is announced from the Bologna School. A student of medicine, known to be industrious and very popular with his classfellows, was found dead on the evening of the 6th inst., in his room. He had committed suicide by severing, with a razor, the carotid artery of the left side. Failure to satisfy his examiners had, it seems, induced profound melancholia, under an acute accession of which he had just made away with himself.—*Med. Rev.*

PROFESSOR ALFRED GRAEFE, cousin to the late Albrecht von Graefe, and himself an oculist of distinction, received an ovation lately on the occasion of his retiring from his Professorship in the University of Halle. A banquet was given in his honor, and professors and students were one in their warm appreciation of his labors as a teacher and as an operator during the years of his work in Halle.

THE American Orthopædic Association held its sixth annual meeting at the New York Academy of Medicine, under the Presidency of Dr. Benjamin Lee, of Philadelphia, September 20, 21, and 22, 1892. An excellent programme was issued, and the meeting proved both useful and entertaining.

MEETING OF THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.—The next meeting of the American Electro-Therapeutic Association will be held in New York City, at the Academy of Medicine, on October 4th, 5th, and 6th. As the success of electricity in medicine and surgery has now been well established and recognized both by the profession and by the public, the coming meeting may be looked upon as an event in the history of progress in electricity. The society consists of acknowledged specialists in electricity from all parts of North America, and includes the best-known names in the profession. The President is Dr. William J. Morton, of New York; Secretary, Dr. Horatio R. Bigelow, 1716 Chestnut Street, Philadelphia.

The local Committee of Arrangements are Drs. Robert Newman and A. H. Goelet, of New York, who have their hands full in doing good work for the preparations. The scientific part of the programme will consist of papers, several prepared discussions, and the report of committees, who have experimented for the last year. These committees were appointed a year ago on special subjects, and their work has reference to establishing uniformity in the manufacture and use of certain instruments used in the application of electricity. Everybody practising electricity has appreciated the good derived from the establishment of a standard in the measurements and units by the Electric Congress at Paris, and, therefore, anticipate more reform and benefit from the recommendations of said committees.

In connection with the meeting, there will be an electric exhibition of batteries, instruments, and appliances used in medical and surgical electricity. The exhibitors will be a representative body of manufacturers and publishers, who all have shown a willingness to be present, and have applied for space.

Ale and Beef Peptonized.—Dr. G. A. Bryan, editor of the Southern Clinic and American Doctor, of Richmond, Va., writes that he has found the above preparation an excellent roborant in the treatment of the sequelæ of influenza, such as bronchial asthma, bronchorrhœa, nervous prostration, and general debility.

Wine of Coca in Anæmia and Nervous Debility.—Prof. Marius Odin, M.D., Chevalier of the Legion of Honor, writes as follows in the Gazette de Thérapeutique:—

"Madame de G., of Austrian nationality, 25 years of age; married; no children; average constitution; lymphatic temperament.

"I was struck at first sight with her pallor; her skin and the mucous membrane of her eyelids and lips were quite colorless.

"This young woman complained of weakness and general atony, cephalalgia, dizziness, vertigo, tendency to lipotynie, caused by sorrows, sitting up late at night, and generally depressing influences. There was gastralgia, with alternate constipation and diarrhœa. Menstruation was irregular, and an abundant leucorrhœa was accompanied with gastralgic exacerbation. Her pulse was weak and depressible; there was a blowing sound with the first heart-beat; very accentuated in the carotids. On auscultation, I found weak respiratory murmurs, much-prolonged expiration; dry and jerking cough. There was insomnia and a tendency to night-sweats.

"Everything had been tried,—tonics of all sorts, arsenic, iron, and quinquinia could not be borne; hydro-therapeutics had given no results.

"I prescribed for Madame de G. the Vin Mariani Erythroxylon Coca, from which I had had much satisfaction on several previous occasions, but which I had never used alone.

"Want of appetite being one of the chief symptoms, and this keeping her general condition at a low ebb, I gave her a few doses of rhubarb, which, however, modified the situation but little. From that time I prescribed the Vin Mariani, in doses of a claretglassful, morning and evening, a quarter of an hour before meals.

"At the first doses she complained that it increased her dizziness. I assured her that this was a salutary, and even necessary, first effect of the medicine, and she consented, not without reluctance, to continue its use. At the end of eight days there was a notable amelioration. Appetite appeared, food was taken, and the digestive functions were becoming more regular day by day. I then advised the patient to increase the dose by two more glasses per day, either after meals or between,—whenever she had to undergo some exceptional fatigue.

"Madame de G., who has since then resumed her daily occupations, tells me that, thanks to the medicament, taken at proper times, she can bear without fatigue long conversations, and, at the same time, her vocal powers have acquired ampler development. At the end of a month's treatment her state was most satisfactory; there remained a slight blowing with the first heart-sound, which, however, was disappearing, and was not at all perceptible in the carotids any more.

"This observation seemed to me very interesting and conclusive in this respect, viz., that it shows the action of Vin Mariani when administered without any other medicament, and, what is no less interesting, it shows its useful effects upon the vocal organs,—a fact first determined by the eminent specialist, Prof. Charles Fauvel, who has given to it the name of 'Tensor of the Vocal Cords.'"

Professor Edward Schaer, for a number of years Professor of Pharmacy, and director of the pharmaceutical department of the Polytechnikum at Zurich, we learn from German journals, has been appointed Flückiger's successor at the University of Strassburg.

Dr. W. Thornton Parker has removed to 2220 Wabash Avenue, Chicago, Ill., from Salem, Mass.

A Serious Case.—According to the Medical Herald, a lady from the rural districts took her daughter to town, and, after consulting a number of professors respecting her musical abilities, returned home very much discouraged, and re-

ported to her husband the result of her expedition, as follows:—

"The first professor said that Almira sings too much with her borax. If she keeps on she will get digestion of the lungs. He said she ought to try the abominable breathing and practice solfudgery. Then the next teacher told me she ought to sing with her diagram, and not smother her voice in the sarcophagus. Then the next, he poked a looking-glass down her throat, and said the phalanx was too small, and the typhoid bone and the pollyglottis were in a bad way; and I never knew that Almira had so many things down her throat, and I'm afraid to let her sing any more, for fear it will kill the poor girl."

A CASE OF PARALYSIS FOLLOWING MEASLES.—The patient was a girl, three years of age, who had a mild scarlatinal trouble, from which she had entirely recovered three weeks prior to the attack of measles. At no time was there any evidence of diphtheria. When convalescent from the measles, the first attempt to walk, however, revealed an inability to lift the right foot, which was dragged after its fellow in efforts at progression; the same motor disturbance was discovered to have affected the right arm; the loss of co-ordination was shown in the child's attempts to pick up small articles from the floor, the hand not only being unable to grasp the object, but being projected forward with some violence, or to either side of its destination, and finally when anchored safely at the objective point, after successive trials, the sound member was called to the aid of its palsied fellow to secure the desired article in full possession. There was no aphasia.

The treatment pursued was the administration of strychnine in ascending doses, beginning with gr. 1-98 and reaching to as large a dose as 1-16, three times daily. Recovery was complete.—Dr. J. S. Carpenter, of Pottsville, Pa., in the *Medical News*.

SAN FRANCISCO POLYCLINIC AND THE UNIVERSITY OF CALIFORNIA.—These two institutions have affiliated, and will henceforth work in unison There will now be a reorganization of the Faculties of both institutions, and the Polyclinic will, ere the current term is over, have its classes in the study of the practical medical sciences in operation. This is the only post-graduate course offered west of the Rockies, and will surely be well attended. The move is in concord with the awakened policy of the State University in offering extension courses of study in its entire curriculum. The Polyclinic will soon commence the erection of a building suitable for its purposes, having already sufficient funds promised to give it a footing, and the Medical Department of the University is also putting forth every effort to get new quarters worthy of the aim of the Faculty, which is to make the College of Medicine the crown of the University.—San Francisco Letter in *Weekly Medical Review*.

CUSTOMER (in Kansas drug-store)—"I should like a small vial of sporotrichum gobuliferum."

Druggist (in hissing whisper)—"Sh-h-h-h! That's old Waters, the Prohibitionist, back there by the prescription-case. You can't fool him."

Customer—"What do you mean? I merely asked for some of the fungus used to kill chinch-bugs."

Druggist—"Oh! I thought you were trying to ask for whisky in a roundabout way!"

ST. CECILIA, M.D. *

"When Music, heavenly maid, was young,"
She diffidently held her tongue
De rebus scientific;
Content her airs alone should please,
Should make the frigid breast unfreeze,
The savage soul pacific.

But Music, now a matron old,
Has waxed proportionately bold,
And starts a choral college,
To cure the body's neediness
And emulate the R. C. S.
In therapeutic knowledge.

Sweet visions fill the gentle mind,
Gifted with milk of human kind-
ness and imagination.
Of operations on the sick,
Achieved with quaint orchestral trick
And vocal variation.

What dulcet drugs would be distilled
For those who practice what the guild
So eloquently preaches—
Gavottes to help the man who halts,
And *suites* to take the place of "salts,"
And lullabies of leeches.

A rhythmic *recipe* might read—
"Take first of Brahms one *liebes-lied*,
A *scena* by Beethoven,
'My Pretty Jane,' 'Should he Upbraid,'
A verse of Gounod's 'Serenade,'
With *obligato* woven.

"Add—if the symptoms urgent be—
Some portions of a Mass in B,
An *aria* from 'Norma;'
Perform this programme to the end,
Until the pulse begins to mend,
Th' extremities get warmer."

Specifics doubtless will be found,
Affiches far as "world-renowned."
Sponsored by some Tone-master,
Thus Gluck might cut out *eau de* Dill
And Mendelssohn replace a pill,
And Meyerbeer a plaster.

The "Lyric Lancet" shall relate
How at a monster Wagner-*fete*
(The brass *sempre crescendo*),
One hundred limbs were cleft in twain,
And yet was heard no sound of pain.
(*Absit* all innuendo!)

* Apropos of the recent discussion of music as a therapeutic agent, a contributor to the Sharland (Australia) Trade Journal, January 9, 1892, gave birth to this effusion.

BOOK REVIEWS.

One Year; A Tale of Wedlock. Translated from the Swedish. New York: Worthington Co., 747 Broadway.

This is an interesting tale of country life in Sweden. Two strong and unusual characters, wedding without love, but, as they suppose, with mutual esteem, come to a decided disagreement directly after their marriage. The husband proposes an immediate separation, but agrees, for the sake of appearances, to live with his nominal wife for one year, at the end of which they propose to separate. During this year, however, notwithstanding many quarrels, they gradually learn to appreciate and love each other. The wife is a woman of rare self-control, and the husband a man of honor and tender heart, though stern and imperious. During the year that began so inauspiciously and ended so happily for them, another couple—their brother- and sister- in-law—experience the direct reverse of fortune. A wife's childish willfulness and delight in exciting jealousy utterly wreck the domestic happiness and the worldly prosperity of her loving husband. The story is well told and the characters well drawn. The translation has evidently been carefully performed.

The Diseases of the Stomach. By DR. C. A. EWALD, Extraordinary Professor of Medicine at the University of Berlin, Director of the Augusta Hospital, etc. Authorized Translation from the Second German Edition, with special additions by the Author. By MORRIS MANGES, A.M., M.D., Attending Physician to Out-Door Department, Mount Sinai Hospital, New York City, etc. With thirty illustrations. New York: D. Appleton & Company, 1892.

The additions which Professor Ewald has made practically renders this translation the representative of the forthcoming third German edition. The subject-matter is a series of twelve lectures, delivered in a post-graduate course. The very recent adaptations of the methods of chemistry to diagnosis are thoroughly explained. By these means, which the author, in connection with Dr. Boas, has been so largely instrumental in utilizing for the benefit of clinical medicine, the recognition of the different varieties of indigestion is rendered possible with a degree of scientific accuracy which we formerly did not possess. The first two lectures are devoted to an admirable description of the mechanical and chemical means of examination now at our command. These chapters should be carefully studied by the practitioner, as they hold such important relations both to diagnosis and treatment. The symptoms and consequences of stenoses of the gastric orifices is next considered. Lecture V is devoted to Cancer of the Stomach. The section upon the diagnosis of this disease is excellent. An important point relates to the presence or absence of hydrochloric acid. Professor Ewald was the first to announce that the demonstration of this acid points with very great probability against the existence of cancer of the stomach. The absence of the acid, however, does not depend upon some influence of the cancer upon the production of HCl, but is simply due to the accompanying catarrhal, inflammatory, or atrophic conditions of the gastric mucous membrane. If these are absent the acid is secreted abundantly, and may continue up to a short time before death; and, under such circumstances, conclusions based upon the demonstration of this acid may be erroneous. The author enumerates the methods which we possess for the relief of the symptoms of cancer, but knows of no remedy which can exert a specific action. His remarks concerning condurango are worth transcribing: "Like so many of our new remedies, it owes its reputation as a specific to the implicit faith of some half-civilized or wild Indians, and to the speculation of enterprising exporters. At first it was received with acclamation by the medical world, which is pervaded by a surprising *naïveté* and an ineradicable optimism whenever new specifics for incurable diseases are introduced. It was indiscriminately tried in every variety of cancer; the first flush of enthusiasm was soon followed by a disappointment which threatened to thrust the remedy back into oblivion. The one extreme is as bad as the other." Nevertheless, he is convinced that condurango has a beneficial influence upon the general condition in gastric cancer, and it is proper that it should be extensively used. It acts as a stomachic and improves the accompanying gastric catarrh. Such improvement may, for a time, lessen the hyperæmia and, consequently, the size of the tumor. A diet of starches and vegetables is more easily borne than one of meat, since the diminution in the secretion of hydrochloric acid causes the digestion of albumen and meat to be incomplete. Milk is not generally well borne. All kinds of food should be cut up as fine as possible, or should be eaten in the form of paps. All articles of food which are inclosed in tough envelopes must be avoided. Fermented liquors and fats should be prohibited.

Regarding the etiology of gastric ulcer, Professor Ewald holds that a disproportion between the acidity of the gastric juice and the composition of the blood is always necessary to produce such a result. According to his conception, we must deal not so much with the alkalinity of the blood, but rather with its altered composition and the resulting insufficient nourishment of the

cells. "As predisposing factors we must recognize hyperacidity of the gastric juice, as well as a change in the composition of the blood in the presence of the normal acidity." Though the gastric juice is frequently hyperacid in cases of ulcer, this is by no means always the case. Acute and chronic gastritis are discussed respectively in Lectures VII and VIII. The three succeeding chapters treat of the Neuroses of the Stomach, and the final chapter is devoted to the correlation of the diseases of the stomach to those of other organs, and an exposition of the practical value of the modern chemical tests.

The book is issued in good style. Excellent paper, clear type, and well-executed engravings add to the readers' pleasure. It is followed by a well-prepared index. The translation has been executed with faithfulness. The work should be in the possession of every progressive practitioner.

Book on the Physician Himself and Things that Concern His Reputation and Success. By D. W. CATHELL, M.D. Tenth Edition. Carefully revised and greatly enlarged (author's final revision). Philadelphia and London: The F. A. Davis Company, 1892.

A book which has run through ten editions has amply demonstrated its success and its usefulness. This work treats of a subject which has, in former years, been learned by hard and costly experience. Many a man enters the profession with well trained abilities and a considerable fund of information, but with lack of tact, faulty habits, and misconceptions of the office of the physician. Such men are very apt to fail to commend themselves to the public and to see themselves distanced in the race of life by those of apparently less capacity and learning. However, there must be a cause for every result, and if the disappointed practitioner will carefully and honestly scan his conduct he may, perhaps, detect the root of his failure and, in the endeavor to remedy his personal defects, may find himself rewarded by an increased appreciation on the part of the public. It goes without saying that an idle, untidy, or dissipated man is not likely to acquire or to deserve a large practice. A physician should be regular, temperate, and industrious in his habits. He should be a man of probity and morality. But, apart from these obvious causes of failure, there are many which the beginner may very probably not appreciate or discover until they have wrought him much injury. We need to study not only our books and our patients, but also ourselves; we must endeavor to create no needless antagonisms by faults of manner. An air of indifference, carelessness, haste, or impatience may involve the loss of many a patient. The appearance of the office-desk or furniture may exert a beneficial or detrimental influence upon a man's career. All these points, in themselves not inconsistent with professional skill, affect the physician's reputation in his community.

Dr. Cathell's book is replete with sound, practical advice, which is the outcome of years of experience and observation. He writes, in clear and simple style, of those points in the daily behavior of physicians which promote or prevent success. The reader will find much in this book concerning little matters which he might be disposed to think of no importance, but which have an undoubted effect upon the mind of the public. It will not always appear to a young man what habits he shall avoid and what cultivate, or how much influence personal peculiarities, of which he is scarcely aware, will have upon his patients. Every young graduate should secure a copy of this book and read it, with careful attention, from beginning to end. He will never have reason to regret the time spent in its perusal, but will find the suggestions of the writer, if followed, to be fruitful in good results.

The Principles and Practice of Bandaging. By GWILYM G. DAVIS, M.D. Detroit, Mich.: George S. Davis, 1891.

The art of applying bandages skillfully should be acquired by every undergraduate. While this can be done only by practice, such a work as that before us is a useful guide to the student, enabling him at any time to recall the turns which he may have forgotten, and giving him such thorough acquaintance with the fundamental principles of the art that he can readily devise modifications when needed. It is unnecessary to say anything of the importance of well applied bandages in the treatment of fractures and wounds. The book contains an abundance of illustrations.

A Treatise on Diseases of the Nose and Throat. In two volumes. By FRANCKE HUNTINGTON BOSWORTH, A.M., M D., Professor of Diseases of the Throat in the Bellevue Hospital Medical College. New York, etc. Volume II: Diseases of the Throat. With 3 colored plates and 125 wood cuts. New York: William Wood & Company, 1892.

The first volume of this work appeared two and a half years ago, the delay being caused by the scanty leisure allowed by the demands of practice. This volume is divided into three sections, which treat respectively of diseases of the fauces, the larynx, and the external surgery of the throat. In each of the first two sections a chapter is given to the anatomy and one to the physiology of the parts. As regards the etiology of quinsy, the author is disposed to attribute it, in nine cases out of ten, to rheumatism An interesting chapter deals with syphilis of the

fauces. He regards it as probable that chancre of the tonsil is favored by the previous occurrence of an acute inflammatory process of the part. Chapter XVIII is devoted to tuberculosis of the fauces, and Chapter XIX to lupus. Out of seventy-nine cases of the latter disease which he has collated, fifty-one occurred in females, while but eighteen occurred in male patients, the sex not being reported in the other instances. The large majority of the patients were between the ages of ten and thirty. He states that he has found but one instance in which lupus of the throat occurred in a tubercular subject. An interesting chapter relates to neuroses of the fauces. Dr. Bosworth tells us that he has met with a dozen cases of what he is disposed to regard as true herpes of the fauces. In three of these the eruption showed itself in the form of herpes iris. The eruption, in all the cases that he has seen, has been on the soft palate and uvula, and always confined to one side. He considers the affection as largely a constitutional one, and hence it requires internal medication. It is associated with neuralgia, hysteria, anæmia, or chlorosis. In Chapter XXXVII syphilis of the larynx is discussed. He knows of but a single instance of chancre of the larynx,—that reported by Moure. Erythema, the mucous patch, the superficial ulcer, the gummy tumor, the deep ulcer, and cicatricial stenosis are clearly described. Tuberculosis of the larynx is the subject of Chapter XXXVIII. Laryngeal lupus, neuroses, fracture, and tumors are considered in succeeding chapters, as well as foreign bodies in the air-passages. The concluding section embraces the subjects of pharyngotomy, thyrotomy, tracheotomy, extirpation of the larynx, and resection of the larynx. The work contains a biographical and general index. It is calculated to be of use to the general practitioner as well as the specialist.

Fourteenth Annual Report of the State Board of Health of the State of Rhoae Island for the Year Ending December 31, 1891, and including the Report upon the Registration of Births, Marriages, and Deaths in 1890. Providence: E. L. Freeman & Son, State Printers, 1892.

Reports of State boards of health are of inestimable advantage to the sanitarian, sociologist, and statistician. The book before us, like others of its class, is a record of much work quietly done, and of great value to the community. The report of local boards or officers enables the central authorities to exert prophylactic measures against the spread of infectious diseases. The reports from towns as regards sanitary improvements are also of great importance to the public health. Other work performed under the auspices of the Rhode Island Board was analyses of food and drugs with a view to the detection of adulterations, the investigation of contagious and infectious diseases among animals, the disposal of garbage, etc.

Surgical Instruments, Orthopædic Appliances, Trusses, etc., etc., Catalogue of Illustrations and Prices. Philadelphia: E. A. Yarnall Co., 1020 Walnut Street, 1892.

Messrs. Yarnall, at the beginning of the second decade of their business career, have issued a complete, illustrated catalogue, with prices current of their wares. A book like this should be appreciated by physicians in the country, as they can save time, trouble, and expense, by ordering by number from the manufacturer instead of making a special journey to the city. The book contains 344 pages and 3454 illustrations. It is well indexed.

The Medical and Dental Register. Directory of Pennsylvania, New Jersey, and Delaware. George Keil, Editor. Philadelphia: George Keil, 1892.

A book of this kind is useful. In addition to a list of physicians and dentists of three States, with the date and place of graduation, it contains information concerning colleges (medical, dental, and pharmaceutical) in the United States, asylums, dispensaries, homes, hospitals, insane asylums; National, State, County, and miscellaneous societies. Mr. Keil has performed a labor of service to the professions of this and adjacent States.

Practical Medical Therapy, a Book for the Family, the Physician, and the Druggist. A Popular Treatise on the Prevention and Cure of Diseases and the Use and Abuse of Medicines, etc. By JOSEPH A. CONWELL, M.D. Vineland, N. J.: The Conwell Publishing Company, 1892.

The author has prepared a useful book for the household. It is written in plain language, the descriptions of the various diseases are sufficiently thorough, and the directions for treatment judicious. Works of this kind fulfill a good purpose, more especially in country districts, where a physician cannot, as a rule, be hastily obtained. The writer gives good advice to his readers upon the subject of charlatanism.

Enthralled and Released. By E. WERNER. Translated by DR. RAPHAEL. Illustrated. New York: Worthington Company, 747 Broadway, 1892.

This is an interesting novel, depicting the growth and conflict of character. The principal characters are four in number,—three men and one woman. The woman, a young and beautiful widow, had been parted from the man

she loved and induced to marry an old man through the influence of her cousin, a stern priest. The deserted lover, a wealthy Baron, renounces the world and buries himself in a secluded castle among the mountains. There he dwells for years, when he again assumes his place in the world. A descendant of an aristocratic house, he falls heir to a dismal feud with his tenants, who destroy his property and seek his life. After vain attempts at reconciliation he resumes the sternness of a master. Finally, he is instrumental in saving the adjoining village from destruction from a flood at the expense of his own property. The villagers recognize at last his true character, the misunderstanding which has blighted his life is explained, and he is rewarded by the hand of the woman he had always loved. The book is well translated, and the illustrations are good.

Naphey's Modern Therapeutics, Medical and Surgical, Including the Diseases of Women and Children A Compendium of Recent Formulæ and Therapeutical Directions from the Practice of Eminent Contemporary Physicians. Ninth Edition, Revised and Enlarged. Volume I: General Medicine and Diseases of Children. By ALLEN J. SMITH, M.D., and J. AUBREY DAVIS, M.D. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1892.

This work has been before the profession for a number of years. In the present edition antiquated and obsolete matter has been omitted, while many additions have been made from the literature of the past five or six years. The text has been largely re-arranged, and the book considerably increased in size. The therapeutic directions and formulæ are taken from the writings of distinguished American and foreign teachers. The book is calculated to be of assistance to the physician in his daily work. The typography is excellent.

CURRENT MEDICAL LITERATURE

Abstract of Sanitary Reports. Published at the Marine-Hospital Bureau in accordance with the act of Congress of April 29, 1878.

Whooping-Cough: Its Management: Its Climatic Treatment. By J. H. Musser, M.D., Assistant Professor of Clinical Medicine, University of Pennsylvania.

Two Cases of Carcinoma of the Uterus. By J. T. Jelks, M.D., Hot Springs, Ark., Professor of Surgical Diseases of Genito Urinary Organs, College of Physicians and Surgeons, Chicago, Ill. Reprinted from the Journal of the State Medical Society of Arkansas, February, 1891.

Grave Forms of Purpura Hæmorrhagica. By J. H. Musser, M D., Assistant Professor of Clinical Medicine, University of Pennsylvania.

Two Cases of Tubercular Osteo-Myelitis of the Tibia. By J. T. Jelks, M D., of Hot Springs, Ark., Professor of Surgical Diseases of Genito-Urinary Organs in College of Physicians and Surgeons, Chicago, Ill.

Blennorrhœa. By J. T. Jelks, M.D., of Hot Springs, Ark., etc.

Report of a Case of Gunshot Wound of Liver and Stomach; Laparotomy; Recovery. By J. T. Jelks, M.D., of Hot Springs, Ark., formerly member of the State Medical Society of Georgia; a member of the Southern Surgical and Gynæcological Society, Mississippi Valley Medical Society, etc.

The Uses of Fever: The Dangers of Antipyretics in Typhoid Fever. By J. H. Musser, M.D., of Philadelphia.

Operation for Appendicitis: Report of a Case. By Edwin Rickets, M.D., Cincinnati, O.

The Limitations and the Powers of Therapeutics. By J. H. Musser, M.D., Assistant Professor of Clinical Medicine, University of Pennsylvania.

Tuberculous Ulcer of the Stomach. By J. H. Musser, M.D.

Some Effects of Blennorrhœa in Women. By James T. Jelks, M D., Hot Springs, Ark., ex-Secretary of Section of Obstetrics and Gynæcology of American Medical Association; formerly a Member of State Medical Society of Georgia, etc.

Ueber das Piperazin. Erfahrungen bei Gicht und Nierensteinleiden. Mitgetheilt von Dr. Biesenthal, Arzt in Berlin.

Health in Michigan, July, 1892. Reported to the State Board of Health.

State Board of Health Bulletin, vol. viii, No. 1. Nashville, Tenn., August 20, 1892.

Trial of Alice Mitchell for Killing Freda Ward: Forensic Psychiatry. Testimony of Drs. F. L. Sim, B. F. Turner, E. P Sale, J. H. Callender, Michael Campbell, Frank Ingram, Wm. B. Fletcher, and Wm. A. Hammond, together with the Statement of the Prisoner.

Second Annual Report of the Midwifery Dispensary, 314 Broome Street, New York City.

Retroanterograde Amnesia, with Report of Two Cases. By J. T. Eskridge, M.D., Denver, Col.

An Epitomized Review of the Principles and Practice of Maritime Sanitation. By Joseph Holt, M.D., former President of the Louisiana State Board of Health (1884–1888).

Abortion. By E. S. McKee, M.D, Cincinnati, O.

Announcement for the School Year 1892–1893 of the Philadelphia School of Design for Women.

Report on Abdominal and Pelvic Surgery, including Thirty-two Successful Cases of Laparotomy. By William H. Wathen, M D, of Louisville, Ky., Professor of Abdominal Surgery and Gynæcology in the Kentucky School of Medicine, etc.

COMMERCIAL NEWS.

Gonorrhœa.

(From Medical Brief.)

In compliance with a request from a medical brother, I send you the formula I use in treating gonorrhœa in the male. But, before proceeding with my favorite way of treating this disorder, I will give a formula which I have used many times with much success:—

℞ Bals. copaibæ, ... 1 ounce.
Tinct. cubebæ, ... ½ ounce.
Salol, ... 84 grains.
Ol. gaultheriæ, ... 1 drachm.
Syr. acaciæ, . . . q. s. ad 3 ounces.
M. Sig.: Teaspoonful two hours after meals, three times a day. To be well shaken.

The above formula is the best I ever used, until I devised the following treatment:—

℞ Lithiated hydrangea (Lambert), . 4 ounces.
Sig.: Take two teaspoonfuls in water with six drops oil of gaultheria, three times a day, two hours after meals.

℞ Morph. sulph., ... 4 grains.
Zinc sulpho-carbolate, . . . 40 grains.
Peroxide hydrogen, ... 4½ drachms.
Aquæ dest., . . . q. s. ad 4 ounces
M. Sig.: Use syringeful, after urinating, three times a day.

In writing for the above I write three prescriptions: one for lithiated hydrangea, one for ol. gaultheria, and one for injection.

I always instruct my patient to exercise great care, when using the syringe, to press the urethra with thumb and forefinger to prevent the fluid from being thrown too far back. A little caution right here will prevent the intense irritation that so commonly follows the use of the syringe, in causing irritation at the neck of the bladder.

In the hydrangea we have, *par excellence*, the remedy for the painful urinating, combined with the lithia, which is as pleasant a diuretic as is needed. The oil of gaultheria can well serve the same purpose as the balsam of copaiba, while the injection will quickly exterminate the exciting cause. B Frank Price, M.D.

Braddock, Pa.

I desire herewith to acknowledge the efficacy of Peacock's Bromides, and to say that I have recommended and prescribed it in nervous prostration, intestinal indigestion, and dyspepsia, with admirable results, and have yet to be disappointed in this preparation when indicated as a tonic and nerve sedative.

Edwin Douglas Webb, M.D.

Washington, D.C.

Perspiration of the Feet.

℞ Glycerin, ... 1 oz.
S. H. Kennedy's Ext. Pinus Can., ... 1 oz.
Aquæ, ... 2 oz.
Essence of Bergamot, . 2 drachms.

Mix and apply twice each day. The results are surprisingly rapid and happy.

Special Opportunity.

E. A. Yarnall Co., 1020 Walnut St., Philadelphia, have a few "Harvard" Physicians' Chairs for sale at reduced prices. These chairs were taken in part payment for those of other makes.

Most, if not all, of the objections usually made to Pepsin by our patients, and especially the unpleasant taste and odor, seem to be overcome in Webber-Pepsin, S. & D., which is now being introduced by Sharp & Dohme, of Baltimore, Md., an announcement of which will be found on another page of this journal.

The high standard adopted by S. & D. is an evidence of their desire to furnish a superior digestive, and one that will bear critical comparisons with other high test Pepsins.

Their intimation of the possibility of a 1 to 30,000 standard is certainly a matter of no little scientific interest, and seems to outline the Pepsin of the future.

Cascara Sagrada has been considered the ideal tonic laxative the past fifteen years, the only objection to its use being the terrible and persistent bitter taste. This one objection has been overcome by F. Stearns & Co., Detroit, who manufacture, by a special process from two-year-old bark (which has no ferment to produce griping), a fluid extract, which is afterward sweetened and aromatized. This they call Stearns' Cascara Aromatic, and it is meeting with remarkable success wherever introduced. Being sweet in taste and not griping, it fills the want admirably. The manufacturers offer to send samples and literature free to all physicians desiring to test it.

You can easily add to your popularity and usefulness by following the instructions given by the McArthur Hypophosphite Company, on 3d cover page of this issue. Their Syrup is a standard and reliable preparation. It is not a conglomerate mass of poly pharmacy, as some others in the market, but embodies the valuable therapeutical properties of the Hypophosphites of Lime and Soda, without objectionable ingredients.

G. W. Seaton, M.D., Hall, Ind., says: I used Celerina in a case of nervous prostration with such encouraging results that I have been induced to give it a trial in a number of other instances, particularly in a case of sexual impotency, and the results have been satisfactory in every instance. I regard Celerina as an excellent nerve stimulant and tonic, and well worthy of the extensive trial the profession seems to be giving it.